In the Matter of:

Ashley Moreaux and Chris Moreaux

vs.

Clear Blue Insurance Company, Tim Ables Trucking Company, LLC, Shannon Watson and Kevin Posey

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Huma Haider, M.D.

January 11, 2021

EXHIBIT
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UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF LOUISIANA

LAKE CHARLES DIVISION

ASHLEY MOREAUX AND CHRIS MOREAUX	NO. 2:18-CV-1255
Plaintiffs	
V.	JUDGE CAIN
CLEAR BLUE INSURANCE COMPANY, TIM ABLES TRUCKING COMPANY, LLC, SHANNON WATSON AND KEVIN POSEY	MAGISTRATE JUDGE KAY

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Fully Remote Videoconference

Deposition of HUMA HAIDER, M.D., taken on Monday, January 11, 2021, commencing at 10:00 a.m. CST.

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Reported By:

Michelle Cossé
Certified Court Reporter

S T I P U L A T I O N S

It is stipulated by and among Counsel that the deposition of DR. HUMA HAIDER is being taken under the Louisiana Code of Civil Procedure for all purposes permitted under the law.

The formalities of reading and signing are not waived.

The formalities of sealing, certification and filing are hereby waived. The party responsible for services of the discovery material shall retain the original.

All objections, except those as to the form of the questions and/or the responsiveness of the answers, are reserved until the time of the trial of this cause.

* * * * *

Michelle Cossé, Certified Court Reporter, in and for the State of Louisiana, officiated in administering the oath to the witness.

DEPOSITION OF HUMA HAIDER, M.D.

THE COURT REPORTER:

Do all Counsel agree to allow me to swear the deponent in remotely?

MS. AIYEGBUSI:

Yes.

MR. FEIBUS:

Yes.

MR. BICE:

Yes.

MR. VERLANDER:

Yes. That's fine.

(Whereupon, the court reporter administers the oath upon the deponent.)

Huma Haider, M.D., National Brain Injury Institute, 6065 Hillcroft Street, Suite 202, Houston, Texas, 77081, after having been first duly sworn, testified on her oath as follows:

EXAMINATION

Q. Good morning, Dr. Haider. My name is Paul Verlander. I represent James River, which is one of the insurers that is named in this suit relating to Ashley Moreaux, for whom

you and NBII have provided certain services. And so that is what we're here to talk about today.

A. Thank you.

Q. Is that your understanding, also?

A. Yes.

Q. Sorry on the fact that I'm not visible to you by video. As I said before we started, Zoom opines that it does not detect a camera on my computer.

A. That's okay. No problem.

Q. Let's talk, first of all, about your background.

First of all, you've given depositions before; correct?

A. Yes, I have.

Q. And you're here with your personal counsel today. Is that NBII's counsel or is that your, Dr. Haider's counsel, or both?

A. It's NBII's counsel.

Q. Okay. And so you do -- a significant part of your practice is patients who are involved in litigation; that's true, isn't it?

A. I don't know when the patients come

for treatment whether they are involved in litigation or not. So the patients are coming through many different sources, but when I am deposed for a deposition, then at that time I know that the patients are involved in a litigation process.

Q. Okay. Well, we'll get to the timing of when you become aware of that, I guess, a little later.

Right now I'm asking: Is a significant portion of your practice litigation-related patients?

A. As I said earlier, the patients that are being referred to us, they come from many different sources. And when I'm seeing the patients, I do not see or know what the patients -- what source the patients are coming there for.

Q. Okay. But what you said earlier also indicated that at some point during the process of the services that you provide, you do become aware of whether they're litigation-related patients; true?

A. Yes. When I get subpoenas for a deposition, or if I'm reviewing some medical

records, if there is any indication in the medical record that the patient is going through a litigation process, then at that time I may become aware of it.

Q. Okay. And if you know, what percentage of your patients are litigation-related patients?

A. I will not be able to give you numbers of that.

Q. More than half?

A. As I said, I only become aware of the patient's litigation status when I am preparing for a deposition or when I get a subpoena.

Q. Yes, ma'am. You've said that several times, but I'm asking whenever you become aware -- I don't care when you become aware, right now, anyway.

I'm asking: Do you know what percentage of your patients are litigation-related? Whether you learn that at the very outset, or you learn that during the course of care, or you learn that when you get a subpoena, what percentage of your patients are litigation-related patients?

A. I would not be able to give you a number for that.
Q. Is it more than half of your patients?
A. As I said, I would not be able to give you a number for that.
Q. So I understand when you say that you can't give me an exact number. I'm asking: You can't tell me whether it's 1 percent or 99 percent or anywhere in between?
A. As I said, I am unable to give you a percentage of it. I don't know of it.
Q. Okay. And not even an estimate of whether it's closer to 1 percent or closer to 90 percent; no idea?
A. I would be speculating.
Q. Okay. How many depositions have you given in the last year for patients that are involved in litigation?
A. Maybe 15 or 20.
Q. Okay. And in the case of Ms. Moreaux, who contacted you first: Ms. Moreaux or her attorney?
A. Ms. Moreaux was on my schedule, so that's how I made contact with her.

Q. Okay. And who put her on your schedule?
A. I do not know.
Q. Do you have employees that handle that sort of thing?
A. So there is a back office who receive the referrals, and then they put the referrals on the calendar for the patients to be seen by the providers.
Q. And so do those people, when they make that schedule, record from whom the contact came or from whom the referral came?
A. Yes. They will be getting the referrals, whether via phone, whether through referral forms submitted to the back office, and then they will be contacting the patients, scheduling the patients, and putting the patients on the schedule.
Q. Okay. And in the case of Ms. Moreaux, you don't know -- even though there are forms, you don't know the route by which she came to consult NBII?
A. I have not seen those forms.
Q. Okay. That's a different question.
My question was: Do you know the

route by which Ms. Moreaux came to see NBII?

A. As I said, no, I don't know. I did not see the forms.

Q. All right. Is it the policy of NBII to have NBII's counsel attend every deposition that you give in litigation?

MR. FEIBUS:

She's not going to answer that question.

MR. VERLANDER:

On what basis, Counsel?

MR. FEIBUS:

It has zero relevance.

MR. VERLANDER:

I disagree.

Do you have a privilege basis to instruct her not to answer?

MR. FEIBUS:

Whether or not she has counsel in attendance absolutely has zero relevance to her treatment of the patient in this case or any argument of bias.

That's my instruction to the witness.

MR. VERLANDER:
Okay. And you're an attorney where? In Texas?
MR. FEIBUS:
Yes, sir.
MR. VERLANDER:
In what city?
MR. FEIBUS:
Houston.
MR. VERLANDER:
Okay. Are you enrolled in the Western District of Louisiana?
MR. FEIBUS:
I am not.
MR. VERLANDER:
Okay.
BY MR. VERLANDER:
Q. Dr. Haider, where are you located right now?
A. Houston, Texas.
Q. And is that where your primary office is?
A. Yes.
Q. Okay. Where does NBII have physical offices?

A. Yes. We have physical offices in Houston, Dallas, San Antonio, and Los Angeles.
Q. Okay. And so on your website, when it talks about serving all 50 states, that's talking about telemedicine other than those locations that you just listed?
A. Yes. It's telemedicine and patients travel from other states to come to the cities where we have physical offices.
Q. And you're the founder of NBII; correct?
A. Yes.
Q. Are you the only owner?
A. Yes.
Q. And what is the -- (inaudible) -- is it an LLC, a corporation? What is it?
A. I think you are breaking up a little bit.
Q. What is the nature of the NBII entity?
A. A clinical practice.
Q. No. No. I meant the legal entity.
Is it an LLC? Is it a corporation? Do you know?
A. I don't know the specific details

of it.
Q. Okay. Do you know in what state it's formed?
A. It's formed in Texas.
Q. Okay. And you have always been the sole owner of NBII?
A. I was not always the sole owner. I founded it with Mr. Andrew Gomes, and then I purchased the company from him in 2019.
Q. I'm sorry. The man's name was "Andrew" . . .
A. "Gomes."
Q. G-O-M-E-S?
A. Yes.
Q. And is Andrew a physician?
A. Yes.
Q. And I'm sorry, you said you bought it -- bought him out in 2019?
A. Yes.
Q. And before that, y'all were co-owners?
A. Yes.
Q. I think I saw in one of your videos on your website that you formed NBII in 2018; is that right?

A. Yes.
Q. And Dr. Gomes, what sort of doctor was he?
A. He's a radiologist.
Q. What led to Dr. Gomes's departure from the practice; do you know?
A. We decided to part ways.
Q. Okay. Did that have anything to do with the allegations in the qui tam complaint that was filed against you?
A. No.
MR. FEIBUS:
She's not going to answer that question.
Hold on, Paul. She's not going to answer any questions about the qui tam litigation; okay? Just so we're clear up front.
MR. VERLANDER:
And what's the basis of that refusal to answer?
MR. FEIBUS:
No relevance and it's harassing to the witness.
MR. VERLANDER:

No relevance? How do you find that to be the case, sir, when it relates to the practice, vis-à-vis litigation in which the doctor is engaged?

MR. FEIBUS:

That's my instruction, sir, and that's the basis for it. If that's what you want to get, you need to file a motion. Go for it. It is absolutely no relevance to her patient care in this matter or any other matter that would otherwise be admissible.

MR. VERLANDER:

All right. And your position would be the same on any question relating to the allegations asserted in that complaint against Dr. Haider and/or NBII; am I correct about that?

MR. FEIBUS:

You are.

MR. VERLANDER:

All right.

Including whether or not Dr. Gomes left in -- having anything to do with the qui tam litigation; am I right about that?

MR. FEIBUS:

It did not have anything to do with it. But you are correct, that will be my instruction.

BY MR. VERLANDER:

Q. Dr. Haider, you are not a neurologist; correct?

A. Correct.

Q. You're not a neurosurgeon; correct?

A. Correct.

Q. You're not a neuroradiologist; correct?

A. Correct.

Q. All right. I watched a video that you have on your website, and in that video, it's something like -- is it "Nail on the Head"? Is that the name of it?

A. That is -- our senior vice president of the company, he is responsible for the website. So I have seen the video, but I don't know whether it's named that on

the website. I don't go on the website.
Q. Well, you appear in the video; right?
A. Uh-huh (positive response).
Yes.
Q. And I'm sorry, you said you have seen the video; you acknowledge that?
A. Yes, I have.
Q. Okay. Who's the senior vice president you mentioned?
A. Mr. Tim Dillard.
Q. Ken Dillard?
A. Tim Dillard.
Q. Tim Dillard?
A. Yes.
Q. And he is still employed by the company?
A. Yes.
Q. When was that video made?
A. I would say probably last year sometime.
Q. So 2020? 2020?
A. Probably 2020 or end of 2019, sometime around that.
Q. Okay. In that video, you indicate

that you are studying, at least at the time of the filming of the video, for a master's in psychology, I think; is that right?

A. Yes.

Q. All right. And where were you pursuing that training?

A. I have completed it. I was pursuing it at North Central University.

Q. I'm sorry. North Central . . .

A. -- University. Yes.

Q. Where is that located?

A. It's based in Arizona.

Q. And so this was, what, online learning?

A. Yes.

Q. And you said you've completed it. So you got a master's in psychology from North Central University in Arizona via an online program completed when?

A. I completed in February of 2019, almost a year ago.

Q. I'm sorry. So nearly two years ago you completed it?

A. No. 2020, February of 2020.

Q. Okay. Now I'm clear.

And how long was that program?
A. Two years.
Q. Did you have to do any in-person learning, or was it entirely online?
A. It was entirely online.
Q. And have you obtained any licensure or certification in psychology post completion of that master's?
A. I have not.
Q. Have you pursued certification or licensure?
A. I have not, at this moment.
Q. I'm not sure what to make of "at this moment." Does that mean you never have, or you're intending to? Help me understand what "at this moment" means.
A. At this time, it means that I could proceed with it, depending upon my schedule, if I have time to proceed with it. Yes, you know, I plan on doing many other educational activities, and this is, you know, on the books. And if I have time, then I might proceed with that.
Q. Okay. So what I was driving at, though, is you have -- up to this point, as we

sit here today, you have not sought out or attempted or tested for any certification or licensure in the field of psychology; am I right about that?

A. I have master's in general psychology, and I completed that.

I don't know what you are asking me. Can you be more specific?

Q. Okay. Well, you understand the difference between getting an educational degree and then obtaining certification in the field or licensure in the field. You understand those are two different things; right?

A. Yes, I do understand that.

Q. Okay. And I understand that you have obtained the degree from North Central University in Arizona via an online program in psychology. What I'm asking is: Beyond that degree, have you sought any certification or licensure in the field of psychology?

A. I have answered you that question.

Q. Well, yes. But what I'm trying to nail down is, you said something like "at this moment." I just want to make sure that up to

this point, as we sit here today, that you have not attempted to obtain any certification or licensure in the field of psychology. Am I correct about that?

A. I have answered that question, also.

Q. Well, is that a "yes" or a "no"?

A. I'll have the court reporter read it back to you.

Q. Ma'am, you said -- what I'm trying to clarify is that you said "I have not at" -- "I am not, at this moment, seeking certification."

All I want to make clear is that as we sit here today, at no point in the past have you sought certification or licensure in the field of psychology. You have not answered that specific question. If that's a "yes," "no, I have not sought any such certification or licensure up to this moment in time," then that's fine. We'll move on.

Is that --

A. I have answered this question.

Q. I don't think you have, ma'am.

MR. FEIBUS:

Dr. Haider, just try to answer it again if you can; okay?
THE DEPONENT:
Okay.
So at this time --
BY MR. VERLANDER:
Q. Do you want me to restate it?
A. Go ahead.
Q. Okay. All I'm trying to nail down, ma'am, is after you've completed your degree in psychology, your master's degree, from that point up through the present time, have you at any point sought certification or licensure in the field of psychology?
A. I have not.
Q. Thank you.
So I also watched in your video that you're -- you come from, I guess -- is it India or Pakistan? I wasn't clear.
A. It's Pakistan.
Q. Okay. The Khyber Pass, I think it said; right?
A. Yes.
Q. All right. And I saw on your résumé that you pursued training in Pakistan.

You got a bachelor of science over the course of one year from two institutions: Khyber Medical College and Jinnah College for Women.

Do I have that right?

A. Can you share the résumé that you're looking at from? Can you share it on the screen?

Q. You don't have your résumé there, your CV?

A. I do have it, but I want to see which one you are referring to.

Q. Well, it's the one that has been provided to me. It doesn't have a date on it.

A. So I want to see where you are reading it from.

Q. Okay. I will see if I can call it up when we get a break here, but what I'm reading from is page 3, "Undergraduate Education," on your CV that we, the defense lawyers, have been given in this case.

Do you have it up on your screen there?

A. I'm pulling it up.

Q. Okay. Let me know when you're ready.

A. (Reviewing.)
Yes, I have it opened.
Q. Okay. So what I was asking you is, the CV says "Bachelor of Science, September 1998 to September 1999," and it lists two institutions: Jinnah, J-I-N-N-A-H, College for Women and Khyber Medical College; is that accurate?
A. So the bachelor of science is between September 1999 to September of 2000, and it is at Jinnah College for Women, University of Peshawar, Pakistan.
Q. Okay. So --
A. It's a typo error there.
Q. Okay. So when it says September '98 to September '99, that's a typo. It should be September '99 to September of 2000?
A. It should be September of 1998 to September of 2000.
Q. I see. Okay.
And did you say it's only the Jinnah College for Women -- or it's also the Khyber Medical College; is that accurate?
A. Sorry. What are you saying?
Q. Did you attend both institutions

for your bachelor of science, or was it just the Jinnah College for Women?

A. No. So it's the bachelor of science is from -- it's two years. It's from '97 to '99; that's two years. And then January 2000 to December of 2004 is the medical school education.

So the bachelor of science was only at Jinnah College for Women. It's not both institutions.

Q. Okay. So -- well, just then, you said '97 to '99. I thought it was '98 to 2000. So which is it?

A. So it's '97 to '99. And then 2000 is the medical school.

Q. Okay. So -- and that's -- is that a standard course of study in Pakistan for a bachelor of science degree is two years?

A. Yes.

Q. And then January 2000 to December 2004, bachelor of medicine and bachelor of surgery from Khyber Medical College; are those dates and the institution correct?

A. Yes, that is correct.

Q. All right. And the conferral of

that degree from Khyber Medical College, did that qualify you to practice medicine in Pakistan?

A. It does.

Q. All right. And is Pakistan similar to the U.S. in that you need to go through a program of internship and residency after completion of your college training?

A. Yes.

Q. Okay. And so you went to Chicago to do your internship and residency; correct?

A. Correct.

Q. In internal medicine?

A. Correct.

Q. And then that was from -- is that correct -- it says July 2005 to June 2008?

A. Yes.

Q. And then you went for an anesthesiology residency immediately following completion of your internal medicine residency for, it looks like, another three years, from July 2008 to June 2011, also in Chicago; correct?

A. Correct.

Q. All right. So up to that point in

your training, had you done any training that was specific to traumatic brain injury or neurocritical care?

A. Yes. Both internal medicine and anesthesiology has electives and -- on a daily basis that you are diagnosing, managing, and treating patients who have -- could be having traumatic brain injury or neurological conditions.

Q. Okay. And did you say "electives"? Did you take electives that were specific to neurocritical care or traumatic brain injury?

A. Yes. There are mandatory electives in critical care for internal medicine and anesthesiology, both. And those critical care electives involve patients who have had traumatic brain injury in the critical care settings.

And also on a routine, everyday basis in internal medicine, the residents or the doctors are involved in various neurological conditions, diagnosing and treatment of that, and traumatic brain injury is also one of that.

Q. Okay. So when you mention

"critical care," "mandatory electives," and you indicated that did include some brain injury cases, critical care also encompasses many other things; correct?

A. Correct.

Q. All right. And so what you're saying is that in the ordinary course of your internal medicine and anesthesiology training that you encounter brain injury cases; correct?

A. Yes. There is a part of the training, both internal medicine and anesthesia.

In anesthesia, Cook County is Level 1 Trauma Center, and on a routine daily basis, other than critical care, we did very complex cases involving polytrauma, and traumatic brain injury was part of that polytrauma training on a daily basis.

Q. Okay. And then you go -- from the anesthesiology residency, it looks like you went -- well, no, not quite straight into neurocritical care. There was a gap of, it looks like, about four months before you started the fellowship. Did you practice in

between?
A. So I was moving from Illinois to Texas, getting my Texas license and then starting my fellowship at Baylor College of Medicine.
Q. Okay. So you were, I guess, life transitioning from the anesthesiology residency down to Texas for the neurocritical care fellowship, and so you were not actively practicing during that four-month period or so; is that right?
A. Correct.
Q. Okay. And then it says on your résumé, or your CV, that you were in the neurocritical care fellowship from November of 2011 to October of 2012; are those dates accurate?
A. Yes, they are accurate.
Q. And it was, in fact, at Baylor?
A. Yes.
Q. I looked at Baylor's neurocritical care fellowship program, and it indicates that it is -- at least, generally -- a two-year program; is that right?
A. Yes.

Q. But you were only there for one year?
A. Yes. Because of my internal medicine residency training and anesthesia residency training, I had fulfilled the second year requirements of the training for the neurocritical care fellowship program.
Q. Okay. And then when you completed that fellowship in October of 2012, did you immediately or within the months following become board certified in neurocritical care through the United Council for Neurologic Subspecialties, or was there some other requirement besides completing the fellowship?
A. That is the only requirement, for them to complete the fellowship training and then take an exam and passing of that exam, and then you become certified in neurocritical care.
Q. Okay. And so when did you become certified in neurocritical care? It says that you are certified on your first page of your CV, but it doesn't say when you first got certified.
A. Yeah. So the exam -- I believe

they offer the exam once a year, if I remember it correctly. So I completed my fellowship in November -- sorry -- October of 2012, and I became certified in 2013.

Q. So in other words, about as promptly as you could have done so, upon completion of the fellowship?

A. Yes. The next available exam, whenever it was, I took that exam and became certified.

Q. So you passed it on the first try, I take it.

A. Yes, I did. I passed all of my exams on the first try.

Q. Okay. And then the next training that's mentioned is interventional headache management training course, October 2017, at Northwestern Feinberg School of Medicine in Chicago. How long was that program?

A. It was a weekend program.

Q. So one weekend?

A. Yes.

Q. And you say that you're board eligible -- this is on the first page of your CV -- "board eligible in headache management

through the United Council of Neurological Subspecialties." What does that mean?

A. I'm board certified. Where are you reading it, that I am board eligible?

Q. Okay. Again, this is from the CV that we have been provided, either directly from NBII or from counsel; I'm not sure which.

But it says on the fourth bullet point down under your certifications on page 1 of your CV, it says "board eligible in headache management." But you're board certified?

A. Yes. I'm board certified in headache management through United Council for Neurologic Subspecialties, and I'm also board certified in headache medicine through American Board of Headache Management (sic).

Q. And when did you get the board certification from the United Council of Neurologic Subspecialties in headache management?

A. That was in 2020. I think it was towards the later half of 2020.

Q. So within the last six months?

A. Yes.

Q. And then, I'm sorry, the other headache certification you mentioned was the American Board of Headache Management?
A. Headache Medicine, yes.
Q. Okay. And when did you get that certification?
A. That was also towards later part of last year.
Q. And the requirements to get these headache management certifications, do you have to take an exam?
A. Yes.
Q. And was it two exams; one for the United Council and one for the American Board?
A. Yes. They were two separate exams.
For American Board of Headache Medicine, there is also a written part of the exam, there is an oral part of the exam, and there is a practical part of the exam.
And then for the UCNS, there was a written exam, I think, which lasted for like three or four hours. I don't remember exactly how many hours it was long.
Q. Okay. The CV I have also lists you as board eligible in internal medicine; is

that correct, "board eligible," or is that one -- are you board certified in internal medicine?

A. Board certified in internal medicine.

Q. And when did you become certified in internal medicine?

A. The first time I became certified was back in -- when did I finish my residency? I think it was 2011, so I -- no. Sorry.

I became certified in 2008 or '09. I completed my residency in 2008, and I think the next available exam was in 2009. And I took that exam, became board certified, and then I recertified in 2020. My exam was delayed because of the COVID, but I became certified in -- again recertified in internal medicine in 2020.

Q. When did the first certification, the board certification in internal medicine, lapse?

A. It was December of 2019. So I was scheduled to take the exam, I think, in March or April, but then it was postponed because of COVID. And I took the exam in the -- I think

in the fall session of the internal medicine exams and then became certified.

Q. Okay. And then it says you're board certified in anesthesiology. When did you become board certified in anesthesiology?

A. I completed my residency in 2011, and I became certified -- the next available exam was in 2012, so I became certified in 2012.

Q. And so that certification has remained in effect up to the present day without lapsing?

A. Correct.

Q. Is there some point at which you have to be recertified in anesthesiology, or does that just keep going as long as you keep up with your continuing education?

A. Yeah. As long as you keep up with your continuing education, you don't have to take recertification exams.

Q. So help me understand, then, what's different about the internal medicine certification. Why did that lapse, then? Or is it different than the anesthesiology certification?

A. So different boards are coming up with different schedule right now. In the past, there was recertification every ten years. But the rules keep on changing, and most of the boards now have different options, whether you take the boards every ten years, or whether you take some tests, or have continuing medical education every -- yearly basis, every two-year basis. So different boards have different requirements these days.

Internal medicine only had the option of recertifying every ten years, but now they have option to recertify every four years or, I believe, two years.

So they have different schedules. And it depends on the physician, which route do they want to take and how do they want to maintain their certifications.

Q. Okay. But normally, you wouldn't allow your certification in internal medicine to lapse, would you? I mean, you said that the scheduled test was two or three or four months after the lapse of the original certification.

A. So certification is voluntarily;

it's not a mandatory to practice medicine. And even if I took the exam in -- you know, scheduled to take in April, I would still be practicing medicine, and it would not have any effect on me practicing as a medical doctor of medicine.

Q. Okay. And I accept that as true, but my question was -- well, I guess, let me rephrase the question.

Did you intentionally let the internal medicine certification lapse, or how did that come to pass that your exam was scheduled months after the lapse of the internal medicine certification?

A. No. It's not about intentionally allow it to lapse or not. As I said, it does not have any bearing on my ability to practice as a medical doctor, so it's not intentional or unintentional. I am still qualified to practice internal medicine, practice anesthesia, practice neurocritical care, because I have completed the required trainings and have the training and experience to do that.

So, and as I mentioned earlier,

these board certifications are voluntarily and they're not mandatory.

So, having said that, I recertified at the earliest that I could.

Q. Well, certainly -- who issues the board certification in internal medicine; what organization?

A. American Board of Internal Medicine.

Q. That makes sense.

It certainly was an option to recertify prior to the expiration of your existing certification, wasn't it?

A. Say that again. Can you ask the question again?

Q. It certainly was an option with that organization for you to have met the requirements to recertify prior to the expiration of your original certification in internal medicine; correct?

A. Yes. I could have recertified at the later half of 2019, but I certified when I was scheduled to certify, within six months of -- and, actually, I think the board gives a grace period of about six months to a year. I

don't remember it exactly. So I was within the grace period of recertification.

Q. Okay. And you --

THE DEPONENT:

Excuse me. My office lights just turned off. Let me turn them on. They are motion sensors, so if I don't move, they turn off.

MR. VERLANDER:

Okay. We'll pause for a moment.

(Whereupon, a recess was taken.)

BY MR. VERLANDER:

Q. Your CV also says that you're a certified physician life care planner; when did you obtain that certification?

A. I believe that certification was in January or February of 2019.

Q. And what did you have to do to earn that designation?

A. So, I had to take -- I had to actually enroll in a program. And it was a very intense training program. Two of their courses were on-site, in-person, and the remaining were online. There were different

areas and aspects of life care planning that I had to first review the course material and then complete assignments relating to that course material, and then after completing, submitting those assignments, and then taking tests for each of those assignments. And after completing -- it took about -- it normally takes about three to six months to do all of that.

After completing that, you get a certificate of course completion. Before doing that, you have to write some sample life care plans, also, and get graded on those. And then after completing that, you have to take a formal exam through the gold standard organization. And if you pass that exam, then you get your license and you are a certified life care planner.

Q. And, I'm sorry, the course work you just described before the life care planning was done where? You may have said it, but I missed it.

A. So, yeah. So there is an organization. It is called FIG. And that organization actually, you know, trains you

and teaches you to become a life care planner -- certified life care planner -- by giving you course work. And it's just like enrolling into any other course. And then after you complete all the courses -- I believe there are, like, 12 or 15 different sections of that course that you have to go through and read the materials and do the assignments -- and then at the end of those, write some sample life care plans and get a certificate of completion. And once you have a certificate of completion of that course, then you enroll into the test. And once you enroll, you take the online test. I think it's about a three- or four-hour-long test. And you pass it, then you get your license, and you can write life care plans.

Q. And, then, also on your certifications, it says you are a "Credentialed ImPACT Consultant."

A. Yes.

Q. What is that?

A. So in order to become a certified ImPACT Consultant -- again, you have to go through completion of course material that,

again, there's different modules of that course. You have to watch those videos, then there is assignments that you have to complete those assignments, and there is -- each section has its own course that you have to take, a brief test that you have to take, and I believe -- it was quite a while ago.

And after you complete all the course work, then you take a exam. And if you pass the exam, then you become certified ImPACT Consultant.

Q. Okay. But explain to me, if you can, what an ImPACT Consultant is or does?

A. So ImPACT is a brief neurocognitive assessment platform. It's a computerized platform that assesses a patient's long-term memory, short-term memory, and attention span, processing speeds, and reaction times. So that's what it tests the patient on, by giving them different tests. It lasts anywhere from 30 minutes to 45 minutes. And after the patient completes those tests, then there is different scores that are generated. And then the interpretation of those scores and what it means, that is what the duty of a certified

ImPACT Consultant is.

Q. And the training that you described to become a Credentialed ImPACT Consultant lasts how long?

A. It depends on the pace that you are doing the training at. It is -- it can take up to three months. It's self-paced course, so it can take up to three months, it can take up to six months for practitioners to complete it.

Q. And the training is provided by the same company that developed the software platform?

A. Yes.

Q. When did you obtain that ImPACT Consultant designation?

A. I believe that was back in 2017 or '16, one of those years.

Q. And do you have to do anything to maintain that; or once you have that credential, you have it for life?

A. No. You have to maintain it. I have to review articles. I have to attend webinars. I have to keep updated and continue to maintain my certification on a yearly

basis.
Q. And that's with the same company that makes the ImPACT software platform?
A. That is correct.
Q. The "ACLS certified" designation you have on your CV, what is that?
A. It's called "Advanced Cardiac Life Support."
Q. Okay. And when did you obtain that certification?
A. I believe we have to renew it every year or every two years, so I think it was -- I renewed it last year.
Q. You also list on your certifications, the fifth bullet point down on my copy of your CV, it says "traumatic brain injury specialist," but it doesn't reference any organization. Is that a designation you have from some organization?
A. So, no, it is not a designation from an organization. It is by virtue of my practice and my experience and my training that I have sort of become -- specialized in seeing patients with traumatic brain injury.
Q. Okay. But that's not a

certification; that's your characterization of the nature of your experience?

A. Correct.

Q. Let's talk about your work experience a little bit.

And let me know if you need to take a short break. We're coming up on an hour, but do you want to press on?

A. I'm okay.

Q. Okay. Well, give me the high sign if you would like to take a quick break.

A. Okay.

Q. So on your "Professional Experience" list, it first lists you as an assistant professor of anesthesiology at Memorial Hermann Hospital-Texas Medical Center, from August of 2013 to December of 2015. First, is all of that accurate?

A. Yes. I worked at Memorial Hermann Hospital-Texas Medical Center as assistant professor of anesthesiology.

Q. Okay. And so was that your first medical job post-residency and fellowship?

A. Yes.

Q. All right. So from October 2012

until August of 2013, what, were you studying for boards? Why the time gap, is what I'm driving at.

A. Ask your question again.

Q. Yeah. I'm just trying to account for the time gap between finishing your neurocritical care fellowship in October 2012 and your starting work at Memorial Hermann in August of 2013.

Is that just because you were studying for your medical boards and taking the tests, or was there another reason for the gap in time?

A. Oh, no. I started in Memorial Hermann in January, and so I completed my fellowship in October of 2012. So November, December, there was two months in between there, getting the credentials and getting all the paperwork done for the hospital.

Q. Okay.

A. And then I was studying for the exam, also.

Q. Okay. So you say you started in January; that's January of 2013?

A. Yes.

Q. And did you start as an assistant professor of anesthesiology?
A. Yes. I started as an anesthesiologist, and by August, I was working in their neurocritical care as a neurointensivist, also.
Q. So I want to be clear.
From January of 2013 to August of 2013, you were working at Memorial Hermann as an assistant professor of anesthesiology?
A. Yes.
Q. Okay. And, actually, you continued in that role through December of 2015 as an assistant professor of anesthesiology, but you also took on another role?
A. Yes. So I was working more in the neuro-ICU and then less in the operating room, but I was -- I would say my credentials were still there. So if I wanted to work in the operating room, I could. But I was doing more of the neurocritical care work.
Q. Okay. So for the first eight months of 2013, you were practicing actively as an anesthesiologist?
A. Yeah, you could say that. I was

doing -- you know, by August, I started doing both and then transitioning to neurointensivist.

And then, as I said, I had credentials, and, here and there, I would fill in the requirements in the operating room. But most of the times, I was working as neurointensivist.

Q. Okay. And you say -- I'm not really clear on the -- why this is listed this way on your CV, but at least on the one I have, on the bottom of page 1, it says, under your professional experience, "Memorial Hermann Hospital Southwest."

Oh, it's a different location, maybe. "Attending neurointensivist, August 2013 through October 2018."

And then at the top of page 2, it's "Memorial Hermann Hospital-Texas Medical Center, attending neurointensivist, August 2013 through December 2015."

So the difference is there are different locations of Memorial Hermann Hospital?

A. Correct. So Memorial Hermann --

the way Memorial Hermann works is they have multiple locations in Texas, or in Houston area, and you go to work in more than one location. And while I was working in Texas Medical Center, then I also started working in the Southwest location, also.

Q. Okay. And that's Southwest -- both of those are in Houston, Southwest and the Texas Medical Center?

A. Yes, that is correct.

Q. What is a neurointensivist?

A. A neurointensivist is a physician that is trained to diagnose and treat patients who have critical brain-related conditions. And those critical brain-related conditions or brain pathologies are several of those. These are -- include brain hemorrhages, brain strokes, brain swellings, brain tumors, vascular malformations, aneurysms, sepsis, musculoskeletal disorders, infarctions, and autoimmune conditions, age-related conditions, and also encompasses general critical care in it as well.

Q. So in that work, whether at Texas Medical Center or at Southwest, the two

locations of Memorial Hermann, is it correct that your -- you were dealing with acute brain injury patients? Is that a correct characterization?

A. "Acute" in the sense that -- patients who required hospitalization related to their brain conditions. And so in Memorial Hermann Southwest, along with brain-related conditions, it was also general critical care as well.

Q. I'm sorry. That was at Southwest that it was general critical care as well?

A. Yes. So it's -- I was doing both. So I was an attending neurointensivist, but they did not have a dedicated neuro-ICU at that time, so the patients who required advanced critical care for their brain conditions, they were admitted to that ICU, and along with that, they were general critical care patients, also.

Q. Okay. I understand.

And just -- I think I understand your explanation, but as a for instance, if, say, I have a stroke and then I would be admitted -- if I were in Houston, Texas, I

might be admitted to Memorial Hermann Hospital. I would go to this critical care unit for my initial care and treatment; am I right about that?

A. Yes, that is correct.

Q. Okay. But then for, if I might need rehab and longer-term recovery care, that would be done somewhere else other than the critical care unit; is that right?

A. Yeah. So the way it works is a patient would come to neuro-ICU or the ICU for their acute support, and then they are -- don't require one-on-one care, one-on-one support, then they will be downgraded to a tele-unit or telemedicine unit. And then there will be more involved care, but not as involved as in the ICU setting. So then the patient will go into the telefloor.

Now, after staying there for a few days, then they are further downgraded into general medical floor because they're not requiring continuous telemonitoring. So their condition, if it continues to improve, they continue to be downgraded to different units. So when they go to general medical floor, then

there the nursing staff has, let's say, four patients per nurse. So they are not getting as -- you know, one-on-one care because their condition is improving.

So from there, the decision will be made whether they need to go home or whether they need to go to any, you know, rehab facility or any advanced skilled nursing facility and so forth. So it depends on hospital policies -- or different hospitals have different practice policies.

In Texas Medical Center, when we were doing neuro-ICU, then the same team would transfer the patient, whether to a telefloor or neuro, general medical floor. And we would follow the patient from the ICU to the general medical floor until their further disposition is decided, whether they are going home or whether they are being transferred to a rehab facility or a nursing facility; versus at Memorial Hermann Southwest, there will be different team that will take over once the patient is transferred out of the critical care unit.

Q. Okay. So during the -- your

service at Southwest Memorial Hermann, you were part of the critical care unit, which would be the first stop for a critical care patient, be it neuro or otherwise?

A. Correct.

Q. But if -- when that patient progressed to other floors or wards or programs, you would not follow the patient at Southwest?

A. Correct.

Q. But at Texas Medical Center, you're -- the critical care team would follow the patient to the next steps in treatment?

A. Correct.

Q. All right. At this Southwest work, from August 2013 to October 2018, you indicated that it was general critical care, as well as -- which included a subset of neurocritical care. Do you have any way of characterizing what proportion of the critical care was neuro involved during your time at Southwest?

A. It was both, mixed.

Q. Okay. And were there -- was it like a practice team that would staff the

critical care unit at Southwest; would that be a fair way to put it?

A. Yes. It was a team of providers. There was a 24/7 coverage of the critical care units everywhere, so there was a team of providers who would provide this 24/7 coverage.

Q. Okay. And were there neurologists on that team?

A. Yes. There were neurologists who have had training in critical care.

Q. Okay. And what about neuroradiologists; were they part of the team at Southwest?

A. So it's a multidisciplinary team, where the neuroradiologist, if we order neuroradiological procedure for the patients, then, yes, they will get involved. But they were not involved in day-to-day diagnosis, treatment, and management of the patients.

Q. Your next job that's listed on your professional experience, which actually overlaps the time at the two Memorial Hermanns, was March of 2013 through August of 2015, at MODSculpt -- M-O-D-S-C-U-L-P-T --

Medical Spa. You were the medical director. What did that spa do?

A. So, it was a wellness facility. They took care of multiple different aspects of wellness, including weight loss, including hormonal replacements, including aesthetic procedures, including -- and I think those were the main -- I think nutrition guidance, also, and hormone replacement. So those were the main areas of that facility.

Q. I'm sorry. Earlier, you said something "procedures" and I missed what the word was.

A. I said they were doing wellness procedures for the patients.

Q. Okay. It says "Sculpt" in the name. Did it include -- what, was it like liposuction? Was that happening at this spa?

A. Yes. So aesthetic procedures.

Q. "Aesthetic procedures." That's what you were saying.

A. Yes.

MR. VERLANDER:

Off the record, Michelle.

(Whereupon, a recess was taken.)

BY MR. VERLANDER:

Q. So was that business -- was that a business of which you were an owner, the MODSculpt Medical Spa?

A. I was part owner.

Q. Okay. And were there other physicians working in that spa or just you?

A. I was a supervising physician there. There were nurse practitioners and there were other aestheticians who were working there.

Q. Okay. So you were the only M.D.?

A. I believe in the beginning. But later on, I think there was an ENT specialist who was doing some aesthetic procedures. She was also a part of the practice.

Q. And you said "ENT"?

A. Yes. Ear, nose, and throat.

Q. Yes. So aesthetic procedures by an ENT, what does that mean; like, nose jobs? What does that mean?

A. They do -- so it was not a surgical facility, so they will not do bigger procedures, surgical procedures.

So ear, nose, throat cosmetic

doctors, they can do office-based procedures, so she was doing that.

Q. So, again, what does that mean; like Botox?

A. Yes. That, and some other aesthetic procedures such as collagen fillers and I believe other minor office-based procedures that she would do.

Q. Okay. And what caused you to leave MODSculpt?

A. It was a decision that I made to pursue -- it was time-related. I would say more of a time concern for me because I was more -- saw myself and wanting to give more time to my critical care and anesthesia practice and traumatic brain injury side of it. So there were conflicts of time where I felt like I was not able to give enough time to both of the areas, so I decided to pursue what I felt that I liked more.

Q. Okay. And then Advanced Diagnostics Hospitals and Clinic, you were working as an anesthesiologist from October of 2015 to March of 2018.

So you were practicing as an

anesthesiologist at that institution?
A. Yes, I was.
Q. And that was at the same time as you were working in the critical care unit at Southwest; correct?
A. Correct.
Q. How was your time divided there, if you can characterize that?
A. Yeah. It was -- it's hard to characterize and say how much, you know, time I was doing at Texas Brain Center or Advanced Diagnostic or Southwest. It was, I would say, probably 60/40 or 70/30 percent.
Q. And in which direction?
A. So more at Advanced Diagnostics. I would say 50 percent or 60 percent, Advanced Diagnostics, and 40 percent or 30 percent at Memorial Hermann Southwest.
Q. Okay. So then January of '16, you also began working at Texas Brain Center as the medical director, from January '16 to March of 2018, which also overlaps your work in the critical care unit at Southwest; correct?
A. Correct.

Q. All right. So if I'm looking at these dates correctly, in January of '16 through March of 2018, you were working at all three places: Southwest, Advanced Diagnostics, and Texas Brain Center. Is that right?
A. Yes, that is correct.
Q. Were you an owner of Texas Brain Center?
A. No, I was not.
Q. And you were medical director there; correct?
A. Correct.
Q. Were there other MDs working at Texas Brain Center?
THE DEPONENT:
Sorry. My lights keep turning off.
MR. VERLANDER:
Okay. We'll pause.
THE DEPONENT:
They're back on.
BY MR. VERLANDER:
Q. Were there other MDs working at Texas Brain Center when you were there?

A. I would consult with other doctors as part of Texas Brain Center, yes.
Q. Well, okay. Were you an employee of Texas Brain Center?
A. Yes.
Q. Were there other MDs who were employees of Texas Brain Center --
A. That, I don't know.
Q. -- at the time you were there?
A. I don't know. I would consult with other doctors who worked there, but I do not know their status of whether they were employees or not.
Q. Were these other doctors full-time?
A. Again, I don't know their specific arrangements, but I knew they were there working. And if I needed to consult with them, I would consult with them.
Q. And what sort of doctors were these; neurologists, neuroradiologists?
A. There were neuroradiologists. There were orthopedic surgeons. There were primary care physicians. There were hand surgeon. There were orthopedic spine -- multiple different specialities.

Q. Okay. So Texas Brain Center treated things other than brain injuries?
A. So I would see the patients with brain injuries, but if those brain injury patients required further treatment and care, then I would send them to the appropriate provider.
Q. Which were also operating within Texas Brain Center?
A. I would not say that they were operating within Texas Brain Center, but they were operating under the Advanced Diagnostics Hospital. And I don't know -- I was not the owner of Texas Brain Center, so they may be operating under it or they may not be. I don't know.
Q. I see.
So did Texas Brain Center work in conjunction with Advanced Diagnostics Hospitals?
A. Yes.
Q. And was the gentleman that you were partners with previously in NBII an owner of Texas Brain Center?
A. No, he was not.

Q. All right. And then in March of 2018, we've already talked about you started NBII as a co-owner and then later became full owner in 2019, when you bought out Dr. Gomes.
A. Correct.
Q. And did I say that right? Is that how he says his name?
A. Yes.
Q. Is Dr. Gomes still practicing in Houston; do you know?
A. I don't know for -- I haven't spoken with him, so I don't know.
Q. And from -- well, you continued at Southwest for -- what, about six months after you started NBII, you were also still working at Memorial Hermann Southwest?
A. That is correct.
Q. All right. And then from October 2018 to the present, you've been exclusively working at National Brain Injury Institute?
A. Correct.
Q. And is your practice exclusively in the evaluation and management of traumatic brain injury since you went full-time at NBII?
A. Yes.

Q. From March of 2018 until October of 2018 -- same question as I asked earlier about the overlapped way.

Can you characterize the proportion of time you spent at Memorial Hermann versus NBII?

A. I would say it was probably about 50/50.

Q. Okay.

MR. VERLANDER:

I tell you what. We've been going almost an hour and a half. Can we have about a five-minute break, if that's okay with you?

THE DEPONENT:

Yes. Sure.

MR. VERLANDER:

And can you remind me -- your counsel indicated at the outset -- what your hard stop time is today?

THE WITNESS:

It's 2:00 PM.

MR. VERLANDER:

2:00 PM, okay. So let's just take a short break and we'll press

on until you have to stop, and maybe we'll be done, but, if not, figure out Part 2.

All right. So for now, let's say until 11:30. It's 11:25 now.

THE DEPONENT:

Thank you.

MR. VERLANDER:

All right.

(Whereupon, a recess was taken from 11:25 to 11:32 a.m.)

MR. VERLANDER:

Dr. Haider, I guess we've been talking about -- and, Jay, I'll ask you to weigh in on this if you have an opinion.

We've been talking about your CV, with which we've been provided, which I will attach as Exhibit 1 to your deposition, and I'll provide that to the court reporter.

(Exhibit No. 1 is marked for identification and is attached hereto.)

THE DEPONENT:

That's not the most recent CV that you have. I think it's missing my board certifications, and it has typo errors in it, so it seems to be a quite old CV.

BY MR. VERLANDER:

Q. Yes, ma'am. Well, that's exactly where I was going. I wanted to see if you could --

MR. VERLANDER:

And, Counsel, I defer to you on how you want to accomplish this, but, Dr. Haider, if you could email, really, all of us or to Michael or to Rock and Jay -- how ever y'all want to do it -- a copy of your current CV so that we can have the most up-to-date information?

THE WITNESS:

All right. I'm going to write it down, that I have to provide the most updated CV.

MR. VERLANDER:

Mr. Feibus, how would you like

us to do that?
MR. FEIBUS:
(No response.)
MR. VERLANDER:
He must have migrated.
How about you, Jay?
MR. BICE:
Paul?
MR. VERLANDER:
Yes, sir.
MR. BICE:
If I understand the question, Dr. Haider is going to get us an updated copy of her CV, and we'll agree to get that to you, upon receipt.
MR. VERLANDER:
Yeah. That's great. I was trying to ask Mr. Feibus, but he must be away at the moment.
THE DEPONENT:
Can I get your email? Who's email that -- who am I going to be providing it to?
MR. VERLANDER:

Jay?
MR. BICE:
Jay@veronbice.com.
And, Paul, I will forward it to you upon receipt.
MR. VERLANDER:
Okay. Great.
And Denia please, too, so she can digest it while I'm asking questions on other things. But I'm sure we've covered most of it, but I just want to make sure, since clearly there is a more updated version than what we have.
MR. BICE:
Okay. Will do.
MR. VERLANDER:
All right. Thank you, Jay.
MR. BICE:
Thank you.
BY MR. VERLANDER:
Q. Dr. Haider, while we're talking about paperwork, we, the defense counsel in this case, cannot identify a past testimony list for you. And that's -- I can't swear

that that's never been provided because there was prior counsel in this case, and perhaps it has been. But do you have a list of your prior testimony?

A. Yes, I do. And that should have been provided. That is one of the standard documents that, you know, is always provided to whoever is asking for the deposition. So my apologizes if you did not get it, but I do have a list of my prior deposition testimony.

Q. Okay. So may we add that to the --

A. Yes.

Q. -- matter to be emailed to Mr. Bice, please?

A. Right.

Q. Thank you.

And what we'll do, at some point, we'll take another short break to allow you to go ahead and email that so you're not trying to answer questions and email at the same time.

You indicated that you estimate that you've given 15 depositions in the last year or so; do I remember that right?

A. Yes. Probably 15 to 20 -- or I

have to look at the list, but I think it's around 15 to 20 or maybe 25.

Q. Okay. Have you testified in court as an employee of NBII?

A. What do you mean by "employee of NBII"?

Q. Well, you've been an employee of NBII since March of 2018 to present; right?

A. Yes. So I have testified in court. I don't remember if I testified last year or not. 2020, I think it was -- everything was done via Zoom. So I don't think I went to the court. Maybe, if I went to the court for testimony in January or February, I don't remember it.

Q. Okay.

A. But I have testified in the court before.

Q. Okay. In light of that, the way you answered there, let me make sure I'm being clear to you.

I'm not limiting it to physically appearing in a courtroom. So it would include, like if it were by Zoom or some other remote or video technology that you gave trial

testimony in -- in any cases during your tenure at NBII.

A. I have given testimony at trials in the court. I'm just trying to remember if I did it last year. I don't think I did it via Zoom, so if it was, then it was prior to March.

Q. Do you know how many times you have testified in as a trial testimony?

A. Probably three or four times.

Q. And were you offered as an expert on those occasions?

A. I don't remember.

Q. Okay. I guess that answers the second question.

If you don't remember whether you were tendered, you don't remember what area you would have been tendered in any of these trial testimony cases; am I right?

A. Ask the question again, please.

Q. Yeah. It may be poorly worded.

I assume this is subsumed in your prior answer --

MR. FEIBUS:

Paul, just to clarify, there

might be some confusion between the two of you guys as to whether or not she was testifying as a treating physician versus a retained expert, and that might not have been what you're asking versus what she's answering. Just trying to help clear that up.

MR. VERLANDER:

Okay. Thank you, Michael.

BY MR. VERLANDER:

Q. So, Dr. Haider, did you hear what your counsel said there?

A. Yes. My understanding is that I am testifying today as a treating physician.

Q. I'm sorry. You're testifying today as a treating physician?

A. Yes.

Q. Okay. And so you don't understand yourself to be a retained expert for the plaintiff in this case, Ashley Moreaux?

A. Yes. That is my understanding.

Q. Okay. So testimony at trial since you started NBII, whether as treating physician or as a retained expert, do you

recall how many times since you started at NBII in March of 2018?

A. I don't remember how many times I testified as an expert or a treating physician.

Q. Okay. And help me understand what's the distinction in your mind between, for example, here you're saying you're testifying as as treating physician. What's the -- what's the distinction when you're testifying as a retained expert?

A. So every case that I have testified, either in court or at a deposition, I have treated those patients. They are actually under my care. So for me, I'm their treating physician, and that's how I am testifying.

But in your legal terminology, I think sometimes you like to say it's, you know, an expert or treating physician. So far that I have testified for everyone, they are my patients.

Q. Okay. I understand. And we'll get into in a minute the occasion or occasions on which you've seen Ms. Moreaux and what the

nature of your care for her is, but I understand what you're saying there.

Do you recall whether you have ever been tendered as an expert in any case in state or federal court where you have been limited or rejected by the court in the tendered field of expertise?

A. Not to my knowledge.

Q. And I'm sorry. I think you answered this earlier, but I want to make sure I'm clear on it.

Your best recollection right now -- and I guess we'll go to the testimony list when we get it -- but is that during your tenure at NBII, you have testified at trial, you think, three or four times, or do I have that wrong?

A. Yeah. I think that is close, maybe could be -- number could be one or two more, but that's not a significant difference.

Q. And do you know whether you have ever been tendered in court as an expert in traumatic brain injury?

A. I have to look at the -- I have to go back and look how the --

THE DEPONENT:
There's a lot of background noise.
MR. VERLANDER:
Yeah. I hear it, too.
They're muted now, though.
THE DEPONENT:
Okay.
So expert as a traumatic brain specialist, probably, yes, that's how I have been seeing my patients and treating them for. But I have to see their designation. I don't see that paper or document, how they file it with the court.
BY MR. VERLANDER:
Q. Okay. You mentioned you are the CEO of NBII; correct?
A. Correct.
Q. And you're also still the medical director?
A. Yes.
Q. And then you mentioned -- I don't remember the name of the guy that's the vice president. "Tim Dillard," was it?

A. Correct.
Q. How many other full-time employees does NBII have?
A. Probably, like, 14 or 15 or 16.
Q. And they're -- those 14 to 16 are spread among the four offices you mentioned earlier?
A. Yes.
Q. All right. And for the Houston office, is there an individual who handles the new patient intake process or is it multiple people?
A. There are multiple people.
Q. All right. But you said there are written forms that are filled out when a new patient contact occurs and that patient is going to be seen by you.
A. So what I said is that there are -- if a referral form is sent to us, there is no form that we are creating when we get that referral. So whether we get the referral via phone, whether we get the referral with some kind of form filled out and sent to us, that's what I meant.
Q. Okay. But the form, is that

something that's available through your website, the intake form?

A. Yes. So they could use that intake form that is on our website, or a lot of times we get patients from other providers, physicians, and chiropractors, where the referral will be written on a prescription paper, or the referral will be in the form of their referral form. So there is multiple different forms that we could receive.

Q. Do you track in your business the source of referral for your patients?

A. No, we don't.

Q. So you don't know whether they're coming to you more from other medical providers or attorneys?

A. No, we don't.

Q. I understand you don't track it.

The second question was whether you know or don't know whether they come more from other medical providers or from an attorney?

A. No. We don't track.

Q. I understand you don't track. I'm also asking: Do you, Dr. Haider, know whether more of your referrals come from attorneys or

more come from other medical providers?
A. No, I don't know.
Q. Okay. You have someone in your Houston office who handles billing?
A. Again, there is multiple people who, in the back office, would do billing, also.
Q. Okay. How many people are we talking about in Houston, these multiple people?
A. There would be about five or six different individuals.
Q. Five or six different individuals who handle billing?
A. Yes.
Q. Are those the same five or six who would handle new patient intakes?
A. So the admin at the back office, the admin work is done by all the back office employees.
Q. Okay. Do you have an office manager?
A. We have an operations manager.
Q. Who is that?
A. His name is Juan Hernandez.

Q. I'm sorry. Juan Hernandez?
A. Yes.
Q. And that's -- I'm sorry. That's a male or a female?
A. Male.
Q. Okay. I'm sorry. I thought you said "her."
And I noted that you have a listing on the Houston Injury Solutions Network; were you aware of that?
A. I know of it.
Q. Do you know of the Houston Injury Solutions Network?
A. I know that I'm listed on their network, on their website.
Q. Okay. And what's your understanding of what that network is, or does?
A. My understanding is that it's a network of different providers, and those providers belong to different specialties and subspecialties. And that is a referral network, so any patient that needs to be referred to a specialist or subspecialist uses that network.

Q. Okay. And is it your understanding that this Houston Injury Solutions Network is primarily related to personal injury litigation, or do you know?
A. No, I don't know.
Q. Are you or is the NBII on any other similar injury networks?
A. Not that I'm aware of.
Q. Have you ever given seminars in continuing legal education in the area of traumatic brain injury?
A. Yes, I have.
Q. And for which organizations have you done that?
A. I've done those -- I do those for chiropractors. I do those for -- like, I get invitations to talk on different seminars.
So I have done it for Brain SoCal. I have done it for Cal Chiro Association, which is an association of chiropractors. I have -- I think I have done a seminar for Houston Injury Network, also.
I have done -- actually, there is one coming up for American Board of Headache Medicine, later part of January. I'm doing

two webinars for them. So I do quite a few seminars, all across.

Q. The one that you did for Houston Injury Network, what was the subject?

A. I don't remember. It was -- I think it was a long time ago.

Q. Was the audience attorneys or other medical providers?

A. I don't know. My understanding is -- it is a chiropractic association, and so the audience could be pain management physicians, chiropractors, lawyers, or any other providers.

Q. Are there other MDs who are full-time employees of NBII?

A. Full-time, no. But we do have MDs who are working in the capacity of independent contractors.

Q. Okay. What about neuropsychologists; do you have any neuropsychologists who are employees, or are the ones that you use all independent contractors?

A. We have one forensic psychologist who is a part-time employee of NBII.

Q. And who is that?
A. His name is Dr. Daniel Osborn.
Q. "Osborn"?
A. Yes.
Q. Was Dr. Osborn involved in Ashley Moreaux's assessment or care?
A. I believe not.
Q. According to the records I've seen and the deposition we took, there was a neuropsychologist by the name of Dr. Lauren Gavron, I believe, who was involved in Ashley's care; is that correct?
A. Yes, that is correct.
Q. She was an independent contractor?
A. She was independent contractor, yes.
Q. All right. Were there other -- what about Dr. Filler; is he a part-time employee or is he an independent contractor?
A. He's an independent contractor.
Q. Were there other doctors, whether employees or independent contractors, other than you and Dr. Filler who were involved in Ashley's care?
A. I believe it was myself,

Dr. Filler, and Dr. Gavron who were involved in Ashley Moreaux's care. I don't think there is any other doctor involved in her care.

Q. Okay. And you mention the five or six people that were involved in billing and patient intake forms and then the manager of operations. Are there other employees of NBII who are involved in -- directly in patient care or patient assessment?

A. We have medical assistants who are involved in direct patient care and assessment, and we have nurse practitioners who are also involved in direct patient care and assessment and treatment, yeah.

Other than that -- yeah, those will be additional.

Q. Okay. Are the nurse practitioners full-time employees?

A. We have one full-time nurse practitioner, and then we have others who are independent contractors, depending upon the requirements.

Q. Okay. And in the case of Ashley Moreaux, was there a nurse practitioner involved in her assessment or care?

A. So her initial assessment was done by myself. And I think the follow-up, the nurse practitioner was involved, but I have to double check.

Q. And then is that something you have at your fingertips there or do you have to search for that?

A. (Reviewing.)

I have to check the notes, because if the nurse practitioner is involved, then their signature will be on the note (reviewing).

MR. VERLANDER:

I tell you what, while we're pausing, Michelle, when we get the updated CV for Dr. Haider, we'll attach that as Exhibit 2 and then the testimony list that she's also going to provide to Jay as Exhibit 3.

(Exhibits No. 2 and No. 3 are marked for identification and are attached hereto.)

MR. VERLANDER:

And, Michael, you were, I

think, away for a moment when I was raising this, and what we arranged is for Dr. Haider to send those documents I just referenced to Jay Bice, who will then circulate them. So I was trying to ask you that earlier, but that's the game plan, unless you object.

MR. FEIBUS:

And it's just a copy of her updated résumé?

MR. VERLANDER:

CV, and then also her testimony list which we appear not to have gotten. And she indicated that would normally be provided, so she is going to send that to Jay as well.

MR. FEIBUS:

Sure.

MR. VERLANDER:

Okay.

THE DEPONENT:

So, yes, the follow-up that we did was -- the nurse practitioner

was involved in that follow-up.
BY MR. VERLANDER:
Q. And who was that?
A. Jacqueline Childs.
Q. "Childs"?
A. Yes. Jacqueline Childs.
Q. Okay. And is she a full-time employee or an independent contractor or a part-time employee?
A. She's a part-time employee.
Q. And she still, at present, is a part-time employee?
A. She's on maternity leave right now.
Q. Is there anyone in your practice or in NBII's organization who would have better recall or information about the breakdown of your practice litigation versus nonlitigation patients than you do? You've indicated a few times that you don't know and don't recall and can't even estimate. Is there anyone else in your organization who could give us better information about those questions?
A. No. There would be nobody else in the organization.
Q. So nobody in your organization

knows what proportion of your patients are litigation versus nonlitigation?

A. We don't track that.

Q. Do you ever get guarantees or direct payments from attorneys for patients?

A. Can you explain what you mean by that?

Q. Yeah. An attorney providing a commitment to make sure that your bills get paid for a patient that's that attorney's client; does that ever happen?

A. What do you mean by "commitment"?

Q. A promise that that attorney will make sure that your bills get paid when you see that patient, his or her client.

No?

A. Now, if I understand the question correct, we don't get any such commitment that the bills are going to get paid.

Q. Okay. And what about in the -- coming up on three years of existence of NBII, have your bills ever been paid directly by an attorney for a -- your patient, his or her client?

A. Yes, we have been paid.

And I don't understand your previous question correctly. Is it -- like, are you talking about any kind of a written agreement that we have? Or could you explain? Because we don't -- we don't -- to my knowledge, I don't have such commitment for sure that our bills are going to get paid.

Q. Okay. And I wasn't -- ordinarily, it would be something in writing, but I wasn't trying to limit the question to that.

Yeah. It's like if I'm a plaintiff's lawyer and I have a client that I want you to see as a patient, I might provide you with a written statement that I'll make sure that your bills are paid so that you don't have to worry about whether your bills are going to be paid.

You don't recall ever doing such an arrangement with a plaintiff's lawyer?

A. No. If the -- you know, the patient is ultimately responsible for paying their bills. So, no, I don't think we have --

Q. There went the lights again.

A. Yes, I know. I have to get up again.

Okay. So I don't think we -- I don't think we have any such commitment arrangement there, we have -- we know or somebody tells us that, you know, our bills are going to get paid for sure. No, I don't, not to my knowledge.

Q. Okay. And you indicated, though, you have had bills paid for a patient by an attorney who represents that patient; that has occurred?

A. Yes. We have had our bills paid. As I said, ultimately the patient is responsible for paying our bills, so whether the patient is paying the bills themselves or whatever is their means of paying the bills are. So we hold the patients accountable for making the payments.

Q. Okay. But you do you recall at least some instances where the means by which the patient paid your bills was through his or her attorney?

A. Yes.

Q. And do you keep a record of that? Like, say, if Ashley Moreaux's bills were paid by Veron Bice firm; do you have a record of

that in your business records?
A. No. We don't have tracking for that.
Q. You don't track where the money comes from to pay your bill?
A. No. We don't track that.
Q. Okay. Have you ever made an agreement with an attorney to defer the patient's bills until the case is settled or otherwise resolved?
A. So we -- I have not personally made such arrangements, but it's, again, the patient is ultimately responsible. When a patient comes to us, they sign a consent form, they sign a lien form. And in instances if the patient is represented, then I guess there is some kind of a written communication, a written letter from the attorney on behalf of the patient that the patient is going to pay the bills after whatever is the outcome of the -- their process or their litigation is.
Q. Okay. And do you keep that -- such letters in your files?
A. If we have received such letter, then it should be in the patient's folder.

Q. And did you say you have the patient sign a lien letter? Did I understand that correctly?
A. Yes. It's the payment form; basically, who is responsible for paying our bills. So it's the patient who is going to be signing that standard form that we have for all the patients that they are responsible for paying our bills.
Q. Okay. I understand that, but I also thought you said earlier there was a lien letter, L-I-E-N. Did I misunderstand you?
A. No. That is what it is called. It's part of the consent form.
Q. Okay. Then do you just keep that lien letter in your file, or do you send it to someone else?
A. No. It stays in the patient's folder.
Q. Okay. You don't send it to the lawyers involved in the case?
A. No, we don't.
Q. Earlier, I was asking do you agree to defer collection of your professional fees, or NBII's professional fees, until the

conclusion of a case by settlement or judgment, I guess, with a patient who is involved in personal injury litigation.

A. So it is the patient is --

THE DEPONENT:

I think there is an echo in the background.

MR. VERLANDER:

Jay, can you mute, please?

THE DEPONENT:

So it is the patient's responsibility, and I do not know what is -- the course of payment is, but my understanding is that yes, the patient is ultimately responsible for payment of the medical bills.

BY MR. VERLANDER:

Q. Yeah. Well, you've said that, that the patient's ultimately responsible, probably half a dozen or more times.

What I was asking, though, is: Do you ever agree to defer collecting your fees, your -- NBII's bills, until the conclusion of the patient's case? Does that ever happen?

A. No. We don't defer the collection of the fees.
Q. Okay.
All right. Let's talk about -- oh, sorry. When I was asking you questions earlier about your qualifications and all that, I forgot to ask you: You are licensed in the state of Texas; correct?
A. Yes, I am.
Q. And you've been licensed in the state of Texas as a medical doctor since when?
A. Since I moved here, which is 2011.
Q. And you've been continuously licensed in the state of Texas from 2011 to the present?
A. Correct.
Q. Do you hold licenses in any other states?
A. I do.
Q. Which states?
A. I'm licensed in California. I'm licensed in Arizona. I'm licensed in New York. I'm licensed in Colorado. I'm licensed in Florida. Those are the ones I can remember off the top of my head.

Q. Okay. Have you ever been the subject of any complaint from any medical boards in any of the states in which you are licensed?

A. In Texas, one time.

Q. Okay. Tell me about that.

A. I think it was related to -- I had posted my CV -- not myself. The office staff had posted my CV on the website, and it had my board eligibility listed on the website. I think that was two or three years back, when I was board eligible in headache medicine. And so I did not know, nor my office knew, that advertising board eligibility on the website is not allowed by Texas Medical Board.

So somebody went ahead and wrote to Texas Medical Board about it. And so the Texas Medical Board asked me about the details of it, and I explained it to them, and they dismissed the complaint against me.

And since then, I have become board certified in those areas where I was board eligible.

Q. Okay. And other than that complaint in Texas, any other complaints of

which you were the subject in any of the states in which you are licensed?

A. No, not that I am aware of.

Q. Have you ever had any of your licenses suspended or revoked for any reason?

A. No, they have not.

Q. Have you ever been the subject of any medical ethics complaints in any of the states in which you are licensed to practice?

A. No, I have not.

Q. Okay. Let's talk about Ashley Moreaux some more.

I have a document called the "Initial Comprehensive Evaluation" for Ashley Moreaux, dated April 4th, 2020.

Is that report reflective of your findings from your initial visit and assessment with Ashley Moreaux?

A. Yes.

Q. Okay. And how that appointment was set up and scheduled for, then, you don't know? That's other people in your office, and you don't know how that came to pass; am I right?

A. Correct.

Q. All right. But you said you're the one personally who did the initial comprehensive evaluation?
A. Yes.
Q. So when you -- and do you have this document in front of you? It's 19 pages.
A. Yes, it is.
Q. Okay.
MR. VERLANDER:
And we'll mark this as -- I think we're on Exhibit 4.
(Exhibit No. 4 is marked for identification and is attached hereto.)
BY MR. VERLANDER:
Q. Okay. And, again, this says at the bottom, "Initial Comprehensive Evaluation for Moreaux, Ashley, 1 of 19," and it goes through 19 of 19.
So, ma'am, when you first saw Ms. Moreaux, this occurred in the Houston office of NBII?
A. It was via telemedicine.
Q. Okay. So do you know where she was when you were talking with her?

A. Yes. She had been at NBII's office, and she had a neuropsychological battery done. And then after that, I did my evaluation via telemedicine.

Q. Okay. So the neuropsych assessment for NBII occurred for Ashley Moreaux in Houston?

A. Yes. Correct.

Q. And I'm sorry. As I'm asking you the question right now, I don't have the neuropsych in front of me. How far in advance of April 4 was that done?

If you don't -- I can find it later if you don't know.

A. So the date of service on that is April 3rd and April 4th, so that was split into two days. And on the -- April 4th, I did my evaluation.

Q. Okay. But the way it happened was she came to Houston, did the neuropsych assessments during April 3rd continuing over to April 4, and then she drove back home, and you interviewed her via telemedicine?

A. Yes. My assessment of her was via telemedicine.

Q. Yes. But what I'm trying to understand is why that was. If she was over there in Houston doing the neuropsych tests, why didn't you just see her in-person in Houston?

A. There are two reasons.

Number one, the assessment took two days, so she had to leave and drive back. But I did meet with her while she was having the neuropsychological assessment, in person. But I didn't do my evaluation here on-site because it was COVID concerns, also. And then she also had to drive back to her home before it was too late.

Q. Okay. So you met her in person?

A. Yes. I did briefly met her in person. But my comprehensive evaluation can take several hours, so I did not want her to stay here for three hours. So I met her briefly, but I did my evaluation via telemedicine with her.

Q. Okay. And the -- and do you remember how she got to Houston? Did she drive herself? Did someone bring her? Was there someone with her?

A. When I did my evaluation with her, she was with her boyfriend.
Q. Okay. But that was after she had left your office. Do you know, did he bring her to the neuropsych eval in your office?
A. I have to read through the neuropsych eval to see who accompanied her.
Q. But in your independent recall, you don't recall meeting anyone else when you met her in your office?
A. No, I don't recall seeing anyone.
So when we're doing neuropsych evals, nobody else is allowed to be in the room with the patient, so I would not expect to see anyone there at that time. So if there was someone accompanying her, they would be in the waiting area, waiting room.
But again, if she -- I don't know if in the neuropsych this information will be written, if she was driven by someone to our office.
Q. I understand. I'm just asking what you recall.
A. Right. So, no, I did not see anyone in that room, and I would not expect to

see anyone in that room with her.

Q. Okay. Well, and that suggests to me that when you met her on that April 3rd/4th visit, you talked with her in the neuropsych exam room.

A. Yes. During the break time.

Q. Okay. And so was that limited to you were just stepping in to say, "Hi, I'm Dr. Haider"?

A. Yes. I was -- yes. I met with her and introduced myself; she introduced herself to me. And I talked to her for about five minutes because I wanted to get a general idea of her physical appearance, and I wanted to see -- neurologically, I wanted to see if her movement or functioning of her eyes were okay; if her hearing was okay; if she was able to speak appropriately in that brief time period I was with her; if there was any other physical abnormalities that would jump out at that time. And I asked her to walk along for me.

So those were the -- that was the quick assessment that I did because I knew that via telemedicine I would not be able to

have that close contact and assessment of those functions.

Q. Okay. So in that five minutes during a break in the neuropsych evaluation, you did do some sort of initial patient assessment of Ms. Moreaux?

A. Yes.

Q. Did you write down your findings from that initial assessment anywhere?

A. Those are -- in my telemedicine note is what my note is.

Q. So that's Exhibit 4, the initial comprehensive evaluation, the 19-page document?

A. Correct.

Q. Okay. What about at the time that you were actually doing this five-minute, in-person assessment; did you make any notes during that assessment?

A. No. I did not ask any clinical questions from the patient at that time.

Q. So, no, you didn't make any notes?

A. No, I did not.

Q. All right. Was the neuropsych examiner present during your five-minute

examination of Ms. Moreaux?
A. No.
Q. Did you make any medically significant observations about Ms. Moreaux's condition or limitations in that five-minute assessment?
A. Yes. She was limping; that's what I saw when she got up to go out for lunch. And other than that, she had -- other than that, everything else, then, I did assessment via telemedicine.
Q. Okay. And the limp, did you attribute that to her actual, like, orthopedic leg injury or did you attribute that to neurological findings?
A. So it will be both. She feels dizzy. Dizziness, that's an ongoing problem for her. And she also had left ankle fracture. So the limp is associated with the ankle fracture that she had, but the dizziness is associated with the traumatic brain injury that she suffered.
Q. Okay. But a limp is not caused by dizziness. That's a separate issue, isn't it?
A. Right. I said the limping is

attributable to the ankle fracture that she had.

Q. Okay. And did you observe an instance of the dizziness hitting her during this in-person visit with Ashley?

A. No, I did not.

Q. Okay. And the actual initial assessment that you did, that was, what, sometime later in the afternoon on April 4th?

A. I would say yes, it was more towards in the evening, after she reached home. That's when I did a telemedicine evaluation with her.

Q. Okay. And what does that mean? Were you on Zoom with her? Were you on the telephone? How did you do the telemedicine?

A. Yes. We have Doxy.me software that we use -- or the platform for telemedicine that we use. And I have an account. And a link is sent to any patient; in this case, Ashley Moreaux. And she will click on the link, and it will be then a video interview and conferencing with the patient.

Q. Do you record that, or you just take notes while it's taking place?

A. No. I don't believe that there is -- we have -- we can record that. So while I'm talking to the patient, I'm taking down -- writing down my notes.

Q. All right. And is this Doxy.me service something that you still use, to this day?

A. Yes, we do.

Q. Do you remember who did the neuropsych assessments that were done in Houston at NBII's office on April 3rd and April 4th, 2020?

A. Yes. It would be written on the response booklet for the patient, record forms and response booklets.

Q. Okay. But as we sit here right now, you don't remember who it was that did it?

A. I would have to look at the name of the person or technician who did that assessment. We have a few of them who do it, so it could be different for different patients.

Q. Okay. Well, we'll look at that a little later.

Do you know whether the person who started the neuropsych assessments on Ashley on April 3rd was the same person who completed them on April 4th?

A. I believe so.

Q. And these -- the people who did, in April of 2020, assessments, neuropsych assessments on patients for NBII, were they independent contractors or part-time employees or a mixture?

A. Yeah. All of our technicians who do the initial testing battery, they are full-time employees.

Q. Okay. And are all of the full-time employees who do the assessments certified in administering neuropsychological assessments?

A. Every institution has their own policy, and our institution's policy is the clinicians or technicians have to have a college degree, and they have to go through the training process at NBII, under the supervision of a licensed psychologist and myself. And so once they complete that training, then they are qualified to perform those assessments, under supervision of a

licensed psychologist and myself.
Q. Okay. And who for NBII was the licensed psychologist?
A. It was Dr. Gavron, and it's Dr. Daniel Osborn.
Q. Doctor -- what's the first name?
A. Gavron. Lauren Gavron.
Q. No. I'm sorry. Of Dr. Osborn. What's Dr. Osborn's first name?
A. Daniel Osborn.
Q. Daniel Osborn.
Okay. So is there any certification or licensure that one can obtain in administering neuropsychological assessment batteries?
A. Yes. There is a psychomotrician certification an individual can obtain to administer the neuropsychological assessment batteries.
Q. But the employees that you have administering the tests as of April 2020 did not have that designation; correct?
A. So, in order for you to become a psychomotrician, you have to go through a training -- not training. You have to perform

this test, I believe it's 300 or some hours and a number of testing that they have to perform, and then they can take the test.

So a few of our clinicians are in the process where they are getting the acquired hours and the number of assessments that they need to take that test and exam. And, regardless, it is not a requirement for them to be able to administer this testing.

Q. Okay. Again, not my question.

My question was: As of April 2020, were any of them psychomotricians? And your answer is "no"?

A. No.

Q. Okay. And you said it's not a requirement that the person administering the test batteries be a psychomotrician; a requirement determined by whom?

A. First of all, it's not a requirement by our institution, and it is also not a requirement by many other institutions. And I'm not aware of any requirement by any other governing agency that makes it a requirement for the testing to be administered by a psychomotrician.

Q. Okay. So when you said "not a requirement of our institution," you mean NBII?
A. Correct. The requirement of NBII is that the person administering the testing has to have a college degree, and they have to be trained, and they have to be supervised.
Q. How many neuropsychological test administration employees did you have in April of 2020 in the Houston office?
A. I don't know exact at that time, but at any time, we have about three or four full-time employees who are trained to administer neuropsychological assessment testing.
Q. Okay. You mentioned Dr. Gavron as being one of the people that would supervise the training that you mentioned for your clinicians and neuropsychological testing; correct?
A. Correct.
Q. Did she perform that role in person on-site in Houston, or did she do that somehow remotely?
A. Remotely.

Q. I see. And how does that work?
A. So, just like that we are having a Zoom conference and having this deposition, then she would have a meeting with all the clinicians in a similar manner. Everyone would log in. Everyone she would be able to see. She will be able to talk to everyone, and she will be able to go over the training materials. She's going to be able to show them the training materials. Everything is in our cloud, G Suite, so all the clinicians all have access to all the training materials.

And it's a very comprehensive training process. Before anyone can administer that, they have to go through a competency checklist and a process. So there are training videos; there are training manuals.

So sometimes it can take up to, just in reading and going through that material, two or three weeks before they can actually start to shadow someone who is administering that. And after shadowing them several test batteries, then they administer in supervision. And then when they are ready,

then they are able to independently administer that.

So it's a very, very rigorous training process. And remotely, as we all know that these days everything is done remotely, and it is as superior as doing things in person.

Q. Okay. So the training materials that you mentioned, the training material and the manuals that you put your clinicians through before they are able to independently give the assessments, you said those are stored in the cloud for NBII somewhere; is that right?

A. Yes. So it is in our cloud system that we use. So there is step-by-step training documents; there is step-by-step script of administration; there is step-by-step videos of it; and there's actual manuals of the neuropsychological assessment battery there also scanned and uploaded in our cloud system. So all the materials are accessible and available to everyone at all times.

Q. Okay. And when -- you said that

the employee being trained will shadow another clinician who is already working in your practice; correct?

A. Correct.

Q. In the training process, is Dr. Gavron or Dr. Osborn watching that process take place by Zoom or that's just the trainee watching the existing clinician?

A. Dr. Osborn is on-site here in our Houston office, so he does see in person the actual training, and he's training them himself, also. So it is his discretion that when he thinks that the clinician is ready to be independent or -- and it is, you know, as any other disciplines, it's an ongoing training and teaching, also. It doesn't stop when you complete training.

So there is an initial bulk of the training that the clinicians get, but at the same time, just like I -- as a medical doctor, I have to continuously keep up with what my licenses are, so they continue to get ongoing training and improvement.

And, in fact, we have -- every quarter, we do in-service training, where the

clinicians are going to sit down with Dr. Osborn, and they are going to discuss the challenges; they are going to discuss the areas that anyone needs for the training. So it's ongoing training.

Q. I forgot. Is Dr. Osborn an independent contractor or a full-time employee?

A. He's a part-time employee with us. He's here on Monday, Wednesdays, and Fridays.

Q. And when did he start working with NBII?

A. I think he started working with NBII in the later part of last year.

Q. So after the time when Ashley was seen by NBII?

A. Yes. Ashley was seen in April, and he started with us, I think, later half of the year.

Q. Okay. And so the clinicians who would have administered neuropsychological testing batteries to Ashley would have been trained by Dr. Gavron?

A. Yes.

Q. And Dr. Gavron is no longer with --

or working with NBII; is that right?

A. So she is an independent contractor. And she has said to us that as an independent contractor basis, she would be available. So at this time, we have not work with her, but definitely -- she's based in Florida, and I have Florida license, also. And if we need to work with her in future, we will be able to work with her.

Q. Okay. At the time that Ashley Moreaux was seen by NBII, was Dr. Gavron based in Florida at that time?

A. Yes.

Q. All right. And so the -- as I recall her testimony, the procedure for Ashley was, the results of the neuropsych testing that was done in Houston at NBII on April 3rd and 4th were provided to Dr. Gavron, who, based upon those results, rendered her opinions; is that your understanding of how it went?

A. So let me explain the process a little bit. So the testing -- so we've been over the training process, right.

So Dr. Gavron selected the tests

that would be provided to the majority of our patients. She also worked on creating the template for the neuropsychological assessment test battery, and then she was also involved in the training of the clinicians.

Now, so -- and as I said, after -- the clinician has to go through a very rigorous testing process and a competency checklist. After they are approved by our standards, then they are providing or administering the tests.

Now, after the tests are -- the tests are paper/pencil testing, for the most part. So there, the clinician is writing down the responses of the patient and the scores in the record booklet and the response booklet.

So after -- the total test time could be six hours, eight hours, ten hours. As you saw in Ashley's case, it was divided over in two days.

So after the testing is completed, then all the raw data is entered -- there is two ways that it could be -- the raw data could be converted into scores: either you could do it manually, which takes longer time,

and then this would involve some human error in it; or you could use a computer software program, where you could enter the raw data into the computer software program, where, you know, it would convert the raw data into Z-scores, then into standard scores, then into actual -- then actual total scores. And then that raw data and the report is then uploaded into the cloud system that we have, which is G Suite.

Now, once the raw data is uploaded -- and there is a template of neuropsychological assessment, which this information is then put into that template and then given to Dr. Gavron or a psychologist, whoever we are working with. And that psychologist or neuropsychologist then reviews the report, reviews the raw data, and then render their opinion, along with any other information that we have available for the patient that would be provided to them.

Q. Okay. Is the neuropsychological testing done at NBII videotaped?

A. No, it's not.

Q. So in the case of Ashley Moreaux

with Dr. Gavron, was Dr. Gavron provided any information other than the raw data and the compiled test results you just described?

A. So Dr. Gavron was provided the medical records for the patient, the raw data results, the report of the raw data, and then the background information of the patient -- the past medical history, past surgical history, and the initial comprehensive evaluation that was performed for the patient.

Q. Okay. So when you say "medical records," Dr. Gavron was provided with all of the medical records that NBII had on Ashley Moreaux?

A. So the way our system works is that Dr. Gavron has access to our clinical -- all the clinical files for the patients. So she has access. It's a shared -- how do I explain it?

Q. Well, I think I understand.

A. You understand, okay.

So it's the patient folders are shared with the clinician. So I have the same access as she has.

So Ashley Moreaux's folder, it has

all of her medical records. It has all of the reports that, you know, are written at NBII. So she will have access to all the information that I have access to. So it's not like that we are separately sending some things to her via email. No. It's like she has been given the access, she's been provided the access, and then so she goes in the patient's folder, or in her folder, the reports are there that she needs to work on, and she will have all the raw data, the actual report, and access to the patient's medical records.

Q. Did she directly interview Ashley Moreaux as part of NBII's assessment and/or care, that is, whether by telemedicine or in person?

A. So that's part of the training process that the psychologist provides to our patients -- sorry -- to our clinicians. And if when they are reviewing the reports they feel like they need to -- they don't have enough information, then they will reach out to the patients themselves, either via telemedicine or via telephone, to obtain more information that they need to.

Q. Okay. And in the case of Ashley Moreaux and Dr. Gavron, do you know whether that occurred?
A. I believe she spoke with the patient over the phone to obtain any further information that she needed.
Q. Okay. And is that coming from your own memory or from review of records, or do you know?
A. No, I don't remember.
Q. Okay. So going back to Exhibit 4, the Initial Comprehensive Evaluation, the History of Present Illness narrative there, does that come from your interview via Zoom with Ashley?
A. Yes. Via telemedicine, I would say.
Q. Okay. And I'm sorry. You said it was -- what was it -- "Go See Doc"? Is that the platform?
A. It's called "Doxy.me."
Q. Doxy.me?
A. D-O-X-Y-M-E, yeah.
Q. Okay. And what you've recorded in the History of Present Illness, how is the

information that you gleaned from talking with the patient transferred into this typed, formal report, the Initial Comprehensive Evaluation; that is, do you take handwritten notes and then later generate the report? Do you just remember, or do you type it as you go?

A. Absolutely not. To remember something that -- you know, it's an hour-long, two-hour-long conversation. I'm going to miss a lot of important information if I just try to remember and then go back and then try to write everything down.

No. So I am writing down this information either via voice-typing or I'm pen-typing this information down when I'm talking to the patients. I don't take any handwritten notes. We don't do that at NBII. We are a cloud-based practice. So if anytime you come in my office, you are not going to see any paper on my table. So everything that is there is, you know, written down in the patient's record.

Q. Okay. So if I followed all that right, while you're interviewing the patient,

you're typing into the evaluation what she tells you?

A. Absolutely, yes.

Q. And are you actually doing the typing, or are you dictating? How do you accomplish that?

A. It could be a combination of both. I could be voice-typing or I could be hand-typing.

Q. Oh, I see. But either way, there's not some other person involved in the physical process of generating the report; it's all you, Dr. Haider?

A. Yeah. I don't see a nurse practitioner doing this with me. So if there is a nurse practitioner involved, then, yes, the nurse practitioner will be writing down the information alongside with me if I'm writing down the information in the note. But we are all working in the note at the same time, so there would be nobody keeping separate notes.

Q. Okay. So, for example, on the first line of the History of Present Illness: Patient 29 years old does not remember

anything from 3/2018 collision."

That's you're writing down what Ashley herself is directly telling you, Dr. Haider?

A. So let me just -- I'm asking the patient, I think, "Can you tell me what you remember about your injury?"

And if a patient would remember, they would say, "Okay. On this date or this time, you know, so-and-so happened to me" -- or in her case, when I started asking her, she told me she does not remember anything from that injury.

Then I further -- you know, you can read in my note. Then I further started probably asking her, "Okay. What is your first memory?"

Then she told me what was her first memory.

So it is as she has described to me during that interview.

Q. Okay. And, yeah, I understand it, and I can read the content. I have a few questions about the content.

But what I was driving at there is,

is what's written there is your note from what Ashley herself told you in the interview?

A. Correct.

Q. All right. And the second sentence: She says the memory she has is that she was in a bookstore purchasing some books, "if that memory is correct," in quotes.

Did you follow up on that? Was that a memory of just prior to the collision, or do you know?

A. Yes. Prior to the collision, if that memory is correct.

So the quotation is her exact words, that "if that was a correct memory."

Q. Did you ask her where the bookstore was?

A. No, I did not ask her.

Q. Okay. And you say she has no memory of her birthday or Thanksgiving that year. This occurred March 1 of 2018, so are we talking about 2017 she doesn't remember her birthday or Thanksgiving?

A. Yes, of that year, of this birthday, her birthday from -- on 2018, that she does not have any memory of her birthday

or Thanksgiving in 2018.

Q. Okay. So -- all right. So that's what I was driving at, though.

It's memory of her birthday or Thanksgiving in 2018, that is, after the accident; not 2017, before the accident; correct?

A. Yes. So she does have lapses in her memory. And what she's getting here is that it is memory of her birthday and Thanksgiving of that year, which is 2018.

Q. Okay. And you say the details of the collision were given to her by her family, which, I guess, she then recounts what they told her?

A. Yes. So she has lapses in memory from a few months prior to what happened, then, you know, several months after that. And, you know, that can happen. That is anterograde and retrograde amnesia for the patient.

So, in her words, you know, she does not remember. But what her memories are now is because of her family, that either they have told her about the injury that she

sustained or they showed her pictures of her hospital stay or different days or different events that occurred.

So as I said, you know, in 2018, prior to that, she also had memory lapses; like a year before or two years before, she does not remember all the details, prior to and after that.

Q. "After that" being the collision?

A. Yes. 2018. So there is -- she has memory lapses prior to 2018, also, and after 2018.

Q. Okay. Did she indicate to you one way or the other whether this memory of being in a bookstore purchasing some books, was that just shortly -- within minutes before or within an hour before her collision, or did she not clarify that one way or the other?

A. No, she did not. She could not remember whether it was immediately before or several days before or several weeks before. All she remembered was -- the only thing that she remembers is she was purchasing some books.

Q. Okay. And did she indicate to you

whether she had made any stops after she got off work? It says, "she got off work at 3 a.m. After getting off work, she was driving to her parents."

Did she indicate one way or the other whether she made any stops in between?

A. No.

Q. All right. You say first that her first memory after the collision is her sister bringing her baby to the hospital. And then the next sentence says "she is not sure what is her first memory after the collision."

So I was unclear on what that meant.

A. Right. So she explained to me after that she thinks that is her first memory because her -- you know, she sees the pictures that the family has taken, but she does not know that if this is her actual memory or if she is remembering this after seeing the pictures that the family has taken when her sister brought the newborn baby to visit her in the hospital.

Q. Got it. Okay.

And then below, she says, "I really

don't remember the hospital stay" -- "anything of the hospital stay"?

A. Yes.

Q. And then you say "the information from the collision came" -- "about the collision is obtained from the medical records. That's from her hospitalization?

A. Yes.

Q. And so everything that comes after that statement in your History of Present Illness is drawn from the hospital medical record?

A. Correct.

Q. And did you personally review the hospital medical records, or is that something that someone -- an independent contractor or employee does?

A. No. I have done this myself. And these are, like, a lot of medical records.

Q Okay. And you are saying you've read through all of these -- Ashley Moreaux's medical records?

A. I have. And as I said, these are, like, thousands of pages of medical records. I may not remember all of it, but I may have

to go back in reference to them.
Q. That's perfectly understandable. But what I want to be clear on is that -- yeah, I agree. I've added it up. It's something like on the order of 20,000 pages of medical records.
A. Yes.
Q. You personally have read through the entirety of Ashley's medical records?
A. Yes, I have.
Q. Okay. And those medical records, are those stored in the cloud you mentioned earlier for -- under Ashley's file?
A. Yes. It would be in Ashley's folder.
Q. And when you say "folder," you mean digitally, right; not a physical folder?
A. Correct.
Q. When you say that the patient had a GCS of 12 -- that's the Glasgow Coma Scale; correct?
A. Correct.
Q. All right.
Is that something you drew from the ER record?

A. Yes.
Q. All right. And so what her actual Glasgow Coma Scale condition was at the time, all you have is what's written in the ER report; right? You don't have any other independent basis to assess that?
A. Yes. That was reported in the ER records.
Q. Yes. But what I'm driving at is, you don't have any independent corroboration or verification of that score. You're just relying on what the ER doc wrote down; correct?
MR. PALERMO:
Objection.
THE DEPONENT:
Can you explain more what you mean by this question?
MR. VERLANDER:
Well, I can try again.
MR. PALERMO:
We just lost audio, so . . .
(Whereupon, a discussion was held off the record.)
BY MR. VERLANDER:

Q. So, Dr. Haider, let's try again.
I asked a question which you were not clear on what I was asking, and I think Rock objected to the form as well.
What I was driving at, or trying to drive at, was: This GCS of 12 you already indicated was pulled from the ER record for Ashley when she was admitted to the hospital right after the collision; correct?
A. Yes.
Q. All right. And my question was:
Do you have any way of independently corroborating or verifying that that is an accurate score for her at the time, or you just have to rely on what's written in the record like the rest of us do?
A. So are you saying that I should score --
Q. Well, no. No, ma'am. I'm not saying --
A. Because I can do those. I have very well done those GCS -- I do it all the time -- to see what is the, you know, eye opening, verbal response, motor response of the GCS is. So verifying, that is one way --

a good thing to verify is to do it myself.

So, again, I may not understand your question correctly. What do you mean by "verifying" it? Should I go to the nurse and ask her how did she do it, is she trained in doing that, or --

Q. Well, no, ma'am. I wasn't -- there wasn't really any particular implication about the question that you should have done something different than what you actually did. All I was trying to establish is that that score that is recorded in your history is not the result of any independent assessment of Ashley's GCS score at the time by you; that is a recordation of what was recorded in her medical record?

A. That is correct. That was how it was listed in the medical record.

Q. When you say, at the bottom with the bullet points, "LOC: Yes," that's "loss of consciousness"; correct?

A. Correct.

Q. And is that "yes" based on what Ashley told you or based on the medical record?

A. It's both.
Q. Well, but she doesn't remember anything about what happened after the collision; right?
A. Correct. So she does not remember anything; right. So that is an indication that she had confusion, disorientation. She has loss of consciousness, post-traumatic amnesia, and low GCS, so that is indicative of loss of awareness. And the medical records also indicate that she did have loss of consciousness, loss of awareness, confusion, and disorientation.
Q. But it's possible to have post-traumatic amnesia without having lost consciousness at the point of trauma or immediately thereafter, isn't it?
A. It is a possibility, yes. The patient can have post-traumatic amnesia, and -- but again, the loss of consciousness, there's a few things there.
Okay. So when the paramedics were called, there is a time period in between that she could have loss of consciousness, and the indicator for that is, you know, she does not

remember. Her last memory is, you know, she was at a bookstore. So, clearly, there is a missing time period where she does not remember it. So that is a loss of consciousness there, also.

Then the paramedics arrive. There is a five-minute -- at least five-minute gap in there. They came in and they find her confused and disoriented. Now, that is loss of awareness; that is loss of consciousness. So, and then she has post-traumatic amnesia, then she had the GCS is low. So all of that points towards altered mentation and alteration of brain function.

Q. Did you say that confusion and disorientation are loss of consciousness?

A. Uh-huh (positive response).

Yes. They are on the spectrum of loss of consciousness called "loss of awareness."

Q. Okay.

All right. And then on page 2, what you list there under the numbered items -- they continue over to page 3 -- are these headings part of your standard

questions? Like if I had been in a collision and came to see you with a neuro condition, would you ask me "Do you have post-traumatic headaches?" Like, is that an every-patient question?

A. Yes. So as I said, I mostly see patients who have a traumatic brain injury. So what is important for me, for my diagnosis and treatment and plan, is, as you saw, the questions such as loss of consciousness, confusion, disorientation, dizziness, nausea, vomiting.

So these questions, to you they may appear as questions, but to me, they are giving some more information about what is going on inside the brain.

And I could give you an example here (indicating), which I have a little -- you know, I always keep it on my table, which is a primary injury and secondary injury, and all these metabolic derangements that start to happen inside the brain if there is traumatic blow to the head or to the brain.

So when I'm asking all these questions to the patient, I'm getting

information on what is going on inside the brain at that time.

So, yes, as a result of the primary and secondary injury, the patients start to have certain symptoms. And when you look at the report for Ashley, those are symptoms that are experienced by most of the patients who suffered a traumatic brain injury.

So, yes -- to answer your question -- these are the questions that I do ask my patients on a routine basis. But then again, every patient is different. There could be some different questions for some of the other patients.

Q. Okay. Can I ask you -- since you referenced that little diagram that you held up just a minute ago, I would also ask you to send a copy of that, if that's possible, to Mr. Bice.

MR. VERLANDER:

And we'll attach that as Exhibit 5, if I'm remembering correctly.

(Exhibit No. 5 is marked for identification and is attached

hereto.)
THE DEPONENT:
I will see if I have an electronic copy of this diagram. What I have right now is something that is a printed and laminated version of it.
BY MR. VERLANDER:
Q. Yes. Well, I get that that's all you have. Then perhaps someone in your office could scan it and forward it. But if you have it electronically, that's fine, too.
Is that document, that diagram that you held up, something that you yourself created?
A. No, I have not created it. Actually, this is the book that -- sorry. I dropped something (indicating).
So this is the book where I got this diagram from. So if you want to write down the name of this book, you can find the diagram in this book. This is called Brain Injury Medicine, and this is the Second Edition of it.
Q. Brain Injury Medicine, Second

Edition?
A. That's correct.
Q. Okay. But still, if you can send us a copy of what you just showed us, that would be very helpful.
A. Okay.
MR. VERLANDER:
Okay. So, I tell you what. It is 1:06 or so. Let's -- and I know you have to stop at 2:00. Let's take another five-minute break so we can all stretch our legs or whatever. And I'm also going to talk to co-defense counsel, because it's apparent to me I'm going to continue to the stop point, and I want to see if she wants to have a turn on this, I guess -- round, I guess. So let's start back in eight minutes. That will leave us 45 minutes to go.
THE DEPONENT:
Okay.
MR. BICE:
Sounds good.

(Whereupon, a recess was taken from 1:07 p.m. to 1:18 p.m.)

MR. VERLANDER:

Dr. Haider, we're back on, after a short break.

It's evident that we're not going to complete our discussion today. We've -- to accommodate your other obligations, we're going to stop at 2:00 today. But since it's evident that we're not going to complete it today, I want to go ahead and attach as Exhibit 5 -- or, no. I'm sorry. Exhibit 5 was the diagram.

Exhibit 6 will be the Future Medical Report, also dated April 4, 2020, which is 11 pages.

(Exhibit No. 6 is marked for identification and is attached hereto.)

BY MR. VERLANDER:

Q. And that's also a document prepared by you; correct?

A. Correct.

Q. Okay. You mentioned earlier that the neuropsych battery of testing, both the raw data and the, I guess, summation or compilation of that data, are kept in Ashley's file in the -- in your NBII cloud; do I remember that right?

A. Correct.

Q. Okay. Again, I can't swear that prior counsel for the defense did not have that, but I don't recall seeing in the records that we have from NBII that information.

That is documentation y'all still retain in your records?

A. Absolutely. So it's the raw data, right. So the raw data, we can only release it to another provider, whether it's a neuropsychologist, a psychologist, or a medical doctor. So the release of the raw data happens between provider to provider.

So we don't -- we give you the report that is generated based on the raw data, but the actual raw data is given to a licensed provider. So that's the reason that you did not receive that raw data.

If you have a provider that would

communicate with us, send us an email, give us their email address and their mailing address and they're name, then we would be happy to send them the raw data.

Q. Okay. Understood.

And we'll actually take that up through Ms. Moreaux's counsel as well as y'all. We'll work with Michael and Jay to get that.

But you indicated that in that raw data would be the information about who did the actual assessment battery for Ms. Moreaux.

A. Absolutely. So I can show you a sample form of it. I have it here.

So it's not belonging to any patient. It's a blank form (indicating).

So let's say this is the -- this is the memory module, right. So here you could see that the name of the patient will be here, date of birth, age, sex, ethnicity, handedness, education. And then there is the date of examination and the examiner. And the examiner portion will be written down who administered this assessment for the patient.

And then the person who's

administering that information, then they will be hand-filling all the information out in there for the patient.

So this is all blank, but all this information will be present in Miss Moreaux's memory module record form.

Q. Okay.

A. Same with the language form (indicating), right. This is the blank form. But Ms. Moreaux has a file like this in our folder, which will be provided to your expert.

Same how it goes for the spatial form. So there is several of these for Ms. Moreaux in her folder.

Q. Okay. But as we sit here right now, you don't have in front of you the record indicating who it was who did the assessments on Ms. Moreaux?

A. No. I don't have those records in front of me right now.

Q. Okay. Well, perhaps that's something we can resolve between Part 1 and Part 2 of this deposition.

A. Yes. And we can provide all this information to your expert and they can have a

look at all the raw data.
Q. Yes. Thank you for that explanation and cooperation.
Okay. So going back to the -- well, before I get back in the Initial Comprehensive Evaluation, the Future Medical Report document that we labeled as Exhibit 6, it's dated -- it just says "date of service," and maybe it says somewhere else where you -- when you generated the report. But if it does, I didn't see it. Was that done on the same April 4th date?
A. I have to check the dates (reviewing).
Q. I wasn't sure if "date of service" on the Future Medical Report, Exhibit 6, means the date that you generated the Future Medical Report or the date that you spoke with Ms. Moreaux.
A. So it is the same date, which is April the 4th; that's when I interviewed Miss Ashley Moreaux.
Q. Okay. So both Exhibit 4, the Initial Comprehensive Evaluation, and Exhibit 6, the Future Medical Report, were generated

by you, personally, on April 4th, 2020?
A. Correct.
Q. Okay. I thought, in your earlier testimony, you alluded to a follow-up visit or assessment by someone, or maybe multiple people, at NBII with Ashley Moreaux; did I understand that correctly?
A. Yes. She does have a follow-up, yes, with us. And that follow-up visit was done on August 13th of last year.
Q. Of 2020?
A. Correct.
Q. Okay. And have you provided records of that follow-up visit?
A. Yes, we have.
Q. Okay. To her counsel?
A. Yes.
Q. Okay. Do you know if you provided records of that follow-up visit in response to subpoena from Hallmark?
A. Yes. We have an -- and I'm surprised that you don't have any of that. You don't have my most updated CV; you don't have a list of my testimony and trial and deposition experience; you don't have the

records that were provided by my office in response to the subpoena. Because, you know, that is provided all the time.

So, yes, we do have a follow-up visit with her, and there is a report of that, and that was on August 13th, 2020. And it's not like on purpose we did not provide it to you. We always do that. So I'm just a little confused why you don't have all of these notes and reports.

Q. Well, yeah, obviously, I'm raising it because I need to have the paper in front of me to ask you about the things I need to ask you about, but I'm sure that's something we can track down and resolve again between what's now going to be Part 1 and Part 2 of your deposition.

Okay. On that August 13, 2020 visit, that took place in Houston?

A. That took place via telemedicine.

Q. Okay. And who was involved in the telemedicine visit?

A. My nurse practitioner and myself.

Q. And which nurse practitioner?

A. It was Jacqueline Childs.

Q. And what did Jacqueline do with Ashley on August 13 of 2020?
A. So it was a follow-up note to follow up on all the symptoms that she has reported to us on the initial comprehensive evaluation, to ask her if she has developed any new symptoms, any worsening of the symptoms, any improvement of the symptoms; the medications that she's taking, need to increase or decrease the medication or add some more medication; add some more tests.
So it's all of the above.
Q. Okay. And all of that is reflected in the report for that visit?
A. Correct.
Q. All right.
MR. VERLANDER:
I tell you what. I will label as Exhibit 7 the August 13, 2020 visit, telemedicine visit report, if you will provide that to counsel and they'll get it to the court reporter and so on. And that way we can review it prior to the next -- the completion of your

deposition.
(Exhibit No. 7 is marked for identification and is attached hereto.)
THE DEPONENT:
Okay.
BY MR. VERLANDER:
Q. Thank you.
And what was your role in the August 13, 2020 visit?
A. Well, my role is the supervising physician for Jacqueline Childs. I meet with her on her evaluation of the patient, and I review the report, and I agree with the recommendations or I add more recommendations. So it's a collaborative teamwork between me and Jacqueline Childs.
Q. Okay. Thank you.
But you, personally, did not speak with Ashley on August 13, 2020 on this telemedicine follow-up?
A. No. I did spoke with her.
So it's common in all the medical practices where the nurse practitioners will, you know, assess and evaluate and speak with

the patient and the medical provider joins in in the middle of it and gets the report from the nurse practitioner. And if, you know, I have any question, then I would ask Ashley myself.

And then me and the nurse practitioner go over the treatment and plan together and ask Ashley if she has any question regarding the treatment and plan, and then the visit ends after that.

But Jacqueline Childs would -- or the nurse practitioner starts it, the visit, and I become part of it during that visit.

Q. Okay. So I get this, so I'm clear, this was on that same platform you mentioned earlier? I won't say it again because I will say it wrong.

A. Yes. So what I see here is -- yes. It was via telemedicine visit that that was performed, and that was via Doxy.me.

Q. Okay. And were you -- I'm not clear on the -- I heard your narrative about it, but I wasn't clear.

Were you actually present for the entirety of the telemedicine visit or just for

part of it?
A. Just for a part of it.
Q. Okay. And so, what, Jacqueline starts it, comes up with her initial plan of action, then you come in and participate in a discussion with her and with Ashley about "have we covered everything, do we understand what we're doing?" That's about how it goes?
A. Yes.
Q. Okay. Do you know if Jacqueline did any actual supplemental assessment of Ashley beyond interviewing her?
A. What do you mean, "supplemental assessment"?
Q. Well, yeah, I guess that's a little vague.
She didn't do anymore neuropsychological testing, did she?
A. No. So during the follow-up visit, the neuropsychological testing -- further neuropsychological testing was not done.
Q. Okay. And then she is doing it in some sort of online video interview with Ashley, asking her questions about her symptoms, progress, setbacks; correct?

A. Yes.
Q. Correct?
A. Correct.
Q. Okay. Is there any other sort of assessment beyond that interview process that took place on August 13, 2020?
A. I spoke with Ashley yesterday. So there is a brief report of that in the Practice Fusion.
Q. So that was on Sunday the 10th?
A. Yes.
Q. And was that by video or by telephone?
A. By telephone.
Q. Okay. And there, you made a written note about that conversation?
A. Yes, I did.
BY MR. VERLANDER:
Q. All right. So I guess I'll label that as Exhibit 8, if you will provide that to your counsel and counsel will get that to us and to the court reporter; is that agreeable?
A. Yes.
(Exhibit No. 8 is marked for identification and is attached

hereto.)
BY MR. VERLANDER:
Q. Thank you.
How long did you talk to Ashley yesterday?
A. I spoke with her about 35 minutes.
Q. And what was the reason for that? Was that part of your preparation for this deposition?
A. Yes. That was part of preparation and to follow up. The last time I saw was in August, so I wanted to follow up on how she was doing from that time until now.
Q. When was that telephone conference with Ashley arranged?
A. Oh, it was not arranged. I have her phone number listed in our system, and I do call patients. I don't have to arrange my phone calls with the patients. So I have her number in the system, and I called her, and I wanted to see how she was doing.
Q. Oh, okay. So just without any advance warning, you just picked up the phone and dialed her number?
A. Yes.

Q. Okay. What else did you do to get yourself ready for the deposition today?
A. I reviewed all the medical records; I reviewed all reports. And I reviewed -- yeah, most of her medical records.
Q. The August 21 -- I'm sorry -- August 2020 visit, August 13, 2020, was that visit scheduled when Ashley saw you in April, or was that arranged at some subsequent time?
A. No. That was scheduled in April.
So the way it works is that when we see the patients, we always have a follow-up appointment for the patient, whether it's three months, six months, one month. So we do, most of the time, schedule the appointment at that visit.
But sometimes patients will say that, you know, "Hey, I need to go look at my calendar. I will call you back and I will set up an appointment."
But majority of the times, we are setting up all of the appointments at that visit. So the August appointment was set up in April.
Now, there is another follow-up

appointment that is coming up. I believe it's in March. And that was set up during her August appointment.

Q. Okay. So the August appointment, that's a little more than four months after the April 4 appointment; correct?

A. Correct.

Q. So would that be a normal span of time when you see a patient initially, you would say "Let's schedule something four months out to see how you're doing"?

A. Yes. That depends on patient's symptoms and conditions, right. So if someone needs to be seen more frequently, we are seeing them more frequently. I have seen patients in two weeks' time. I have seen patients in one month time. I have seen patients in three months' time. I have seen patients in six months' time. So, you know, her being seen within four months is fairly routine for us. And if I said, "I want to see you in three months," then maybe because of our schedule she couldn't get in in three months but she got in in four months.

Q. Okay. And then you mentioned there

is a March 2021 follow-up that was scheduled back in August of 2020.

A. Correct.

Q. All right. So that's, by my math, eight months after the August 2020 visit. Is that a standard gap of time for second follow-up?

A. Again, every patient is different, right. It's not like, okay, first we see them in three months, back in six months. It depends on what the patient's needs and requirements are.

So if, you know, it is eight months, then most likely she couldn't get in in a six-month time period because of, again, the schedule, so she's getting in within eight months.

Q. Okay. And does the scheduling have anything to do with litigation dates?

A. No, absolutely not.

Q. Okay. Do you know when this case is set for trial?

A. I don't know.

Q. Have you been asked to testify live at trial?

A. Not to my knowledge.
Q. Okay. Do you have any idea how long the August 13, 2020 telemedicine visit with Jacqueline and then partly you lasted?
A. On an average, our visits -- follow-up visits could last between an hour -- anywhere between 45 minutes to one hour, 15 minutes. So it would be fair to say that it lasted between that time.
Q. Okay. I should have asked you this probably earlier in the process, but how do you bill for the services that NBII provides? Is it based on time or based on we're providing "X" testing, "Y" telemedicine visits, and those are billed at a certain rate; or is it based on the time that you spent?
A. It's a combination of all. So telemedicine or via phone, bills are different than if we are seeing the patient in person. So it's a different billing schedule.
Q. Okay. And the telemedicine, is that based on the time that it takes or is it done on some other rate system?
A. It is based on time.

Telemedicine, we are spending less time with the patient compared to if we will be seeing the patient in person.

Q. Okay. And then what about --

A. That may not always be true, but sometimes in telemedicine, we end up spending more time with the patient, depending upon what the patient's symptoms are and what their care and needs are.

Q. Okay. And what about the neuropsychological testing; is that a flat rate or is that based on how long it takes?

A. That's a combination. It's not only time. It's time. It's expertise. It's intellectual property. It's our time. It's our training. It's our years that we have spent in this, creating this program, and our overhead, our staffing.

So all of that comes together when bills are generated.

Q. Okay. I get all that, that there's a lot that goes into the value that you bring to the table for your patients, all the things you listed. Does that then yield an hourly rate or a charge of "X" amount of dollars?

A. As I said, it's, you know, based on everything that I just mentioned. So it involved the services that we provide, the testing that we do, the training and experience, intellectual property, the research, the overhead. So it's a combination of all.

Q. Okay. I get everything that goes into it, and I agree you did just say that, but at the end of the day, does that then yield "We're going to charge you $10,000," or "We're going to charge you $300 an hour"?

How do you figure what you bill the patient?

A. I think -- you know, I explained to you that it's different. Like when I'm doing depositions, we are charging hourly for that. But when we are providing some services for the patient, you know, it's charged differently. It's charged based on everything that I listed above.

When I'm preparing for a deposition, then I'm charging per hour for that, also. So it's billed differently.

Q. Okay. So let's start there.

How much do you charge per hour for preparing for a deposition?

A. I think that is on the payment and fee schedule. I don't remember what is listed there.

Q. And where is this payment and fee schedule?

A. I think that will be with the back office, what my deposition and preparation fee is.

Q. Okay. Do you charge a different rate for preparing than you do for actually testifying?

A. I believe it's the same.

Again, I don't -- I don't remember what is listed there.

Q. Okay. And what about at trial testimony; do you charge differently for trial than depositions?

A. I believe it's the same, also, but I think it's for more hours because, you know, the entire day is spent -- if I go, there is travel involved. The whole day is then spent in the court. So I think the rate is the same, but I think it's more hours, that we

bill for more hours.

Q. Okay. And so that's clear enough, and I guess we can determine from your payment and fee schedule you mentioned what the rates are for the testimony and preparation for testimony.

But if I come in there as a patient today and say, "I was in a car wreck and had a head injury and I want you to assess me," or I'm referred by someone for that purpose, and I want to know how much is it going to cost to do this battery of neuropsychological testing you're proposing to do, you can't tell me it's going to cost "X," or you can tell me?

A. I will give you an example. I got -- like, I think two or three days ago, I got a call from another doctor. He was a pain management specialist. And he, in his email, got an invitation for my presentation for American Board of Headache Medicine that I'm presenting, I think, next week or so. So he got my information from there.

He called my office, set up an appointment to speak with me, and he wanted to talk to me about his son, who suffered a

concussion. He was playing basketball and he fell and hit his head on the concrete, and since then, he's been having symptoms.

So he did a consultation with me over the phone, a brief consultation, and he wanted his son to be seen by me. And he asked me the same question as you asked. And I directed him to my back office, that you can call my office and they will be able to give you the information that you are asking.

Q. And that would come from the payment and fee schedule you mentioned?

A. Yes. That would come from how do we bill for the patients, what is -- what are they going to be paying for their services.

Q. Okay. And that's a printed document?

A. Yes, that should be. It is -- it is a list of services and associated fees with that.

Q. Okay.

MR. VERLANDER:

Michelle, did I list the 1/10/21 --

BY MR. VERLANDER:

Q. Well, let me ask you, Dr. Haider. The telephone interview, you generated a written note about the interview yesterday?
A. Yes.
Q. Okay.
MR. VERLANDER: Have I listed that, Michelle?
MS. AIYEGBUSI: You did, Paul, as No. 8. It's Denia.
MR. VERLANDER: Okay. That's No. 8. Thank you. So we will make No. 9 the payment and fee schedule that we've been alluding to -- same thing -- when we obtain that through Dr. Haider providing that.
MR. FEIBUS: Well, let's hold on, Paul. We're not going to produce our rate sheet in this matter. That's her proprietary -- I mean, you've already got her bills. You've

already got what she's agreed to charge for services which she provided in this instance. At a bare minimum, we're not going to produce anything, going further, without a confidentiality order, if we produce something at all.

MR. VERLANDER:

We can talk about confidentiality, but what I'm interested in is to compare what's on the sheet to what's on the Ashley Moreaux bill.

MR. FEIBUS:

Look, you've got the bills for the services provided. It is what it is.

MR. VERLANDER:

Yeah. But I'm entitled to see if that's what is the -- in the normal course of business what is charged.

And if you need confidentiality, we can work that out. I don't want to show it to

anybody. I just want to know what it is.
MR. FEIBUS:
Well, look, she's not agreeing to -- at the moment, to produce it. You're saying to mark it as an exhibit. You and I can have the conversation.
MR. VERLANDER:
Fair.
MR. FEIBUS:
I'm simply just telling you that's not a guarantee. That's not a given. That's a conversation for another date.
MR. VERLANDER:
Fair enough. We have other issues to take up, anyway, so we will put that on the list.
And you're right. I guess I won't list it as an exhibit right now because there is pushback or reservation on whether it's going to be voluntarily produced.
BY MR. VERLANDER:

Q. Okay. Let's go back, in our remaining time today, Dr. Haider, to Exhibit 4, which is your Initial Comprehensive Evaluation.

In the questions that you ask, you mention, towards the end of No. 7, under "Speech": "Her boyfriend also reports that she does 'aaaahhh,' repeats herself until she can complete her thoughts."

Was the boyfriend part of the telemedicine interview?

A. Yes. Yes, he was.

Q. Okay. And so was he there the whole time?

A. Yes. He was sitting with her.

Q. And is that your normal operating procedure when you conduct that initial telemedicine interview with the patient?

A. Yes. That is normal for both. If I'm seeing a patient in person or via telemedicine, we prefer to have a family member or significant other or a very close friend that -- who could also shed light into the patient's deficits and symptoms.

Q. And to conduct that interview, I

get that you would want information from loved ones, family members, friends, but it's your normal procedure to do that simultaneously with interviewing patient herself?

A. Yes. If the patient agrees to have the other person present during the interview, then, yes, we do at the same time.

Q. Did you record any information about the boyfriend or the relationship, like, first of all, who is the boyfriend at this time?

A. How is it -- are you asking me that I did not put in the name of the boyfriend?

Q. I'm asking if you know, either in your head or from your records, who the boyfriend was that you were interviewing as part of your assessment of Ashley Moreaux.

A. Yes, I do remember the boyfriend.

Q. Okay. Who was it?

A. He was her boyfriend at that time.

Q. Okay. So you don't know who it was?

A. I don't know the name of the boyfriend.

Q. Okay. And that appears to be not

something that you recorded in your notes?
A. It is not. Knowing the name does not change or influence my diagnosis or treatment of Ms. Moreaux.
Q. Okay. Do you know if -- is the maintaining of a relationship by the patient a relevant consideration in your assessment of the patient at NBII?
A. Can you be more specific of this question?
Q. Yes. Like, is it relevant to your overall evaluation of the patient that the patient is in and able to maintain a relationship over time versus not able to do that?
A. Yes, it is relevant.
Q. Okay. Do you know how long Ashley had been in the relationship with this unnamed boyfriend?
A. So, at that time, I believe it was several months that she has been with him. But yesterday when I spoke with her and I asked her that question, she is not with her boyfriend at this time. And I did ask her the question, that was this -- why did the

relationship fall apart? Is it related to her deficits or symptoms that she's explained that she's having difficulty maintaining relationships?

And her answer is yes, that is part of the reason that she's no longer with the boyfriend.

And the other reason was that her boyfriend also had a car accident or some kind of an injury where he is also now recovering for that. So she -- so she hinted that they might -- right now, they are both focusing on getting better and they might get back together later.

Q. Okay. You said at the outset of that answer that you believe she had been -- when you assessed her in April of 2020, she had been in the relationship with this boyfriend for "several months." Is that just a memory from your own head or is that written down somewhere?

A. No, it is not written down. I did not write it down. But the boyfriend had a significant insight of her deficits and her symptoms and what she was experiencing in the

information that he was providing. So they both had been together for sometime.

Q. Okay. Because he had information he was providing about how she was doing, you infer that they had been in a relation for some period of months; am I right?

A. Yes. Some period, maybe. It was not just where they were together for a few days. It was, I would say, at least minimum a month that they were together.

Q. Okay. Well, that's different. You said "several months" earlier. Which is it?

A. I would say a month; minimum, a month.

Q. So you don't really know is the right answer; right?

A. No. I don't know that, for how long they were together at that time.

Q. Okay. Did you directly interview any other family members or friends in your assessment of Ashley, either with -- in the presence of Ashley or outside the presence of Ashley?

A. No, I did not.

Q. Is interview with family members a

normal part of your assessment of a neuro patient at NBII?

A. If I need to get more additional information, then I do reach out to the family members, yes.

Q. But in this case, you didn't feel there was any additional information that they could provide that would be relevant to your assessment?

A. I got a lot of information from Ashley herself, from the boyfriend, and the medical records, so I did not reach out to her sister or her father or other family members.

Q. And did you deem the information that you got from Ashley to be reliable?

A. Yes.

Q. Okay. And the same -- the information from the boyfriend, you deemed to be reliable?

A. Yes.

Q. Okay. In your -- the neuropsych assessments that were done at NBII, are there any controls or questions that are designed to detect malingering on the part of the patient?

A. Yes. There are validity testing

that is given to the patients.

Q. Okay. Do you yourself review whether the -- well, let me ask you this way:

Did you, with Ashley Moreaux, review the neuropsych battery for her to determine whether the results were valid and reliable?

A. So her test battery was reviewed by Dr. Gavron, who is a neuropsychologist, and I -- and then she has reviewed all the raw material testing data, the report, and given her opinion. So, yes, she did review that.

And when I was reviewing the -- Ashley's reports, I did see the scores that she had on the validity indicators.

Q. Okay. So in this -- am I right then, from what you've said that this assessment of this patient, Ashley Moreaux, that it was Dr. Gavron's -- part of Dr. Gavron's job to assess the validity of the battery of neuropsych tests on Ashley?

A. Yes. Correct.

Q. Okay. And did you say you independently assessed the validity or did you rely on Dr. Gavron to do that?

A. I relied on her to do that. I reviewed the report and I saw that she passed the validity testing.
Q. I see. Okay. That's clear enough. We're just about out of time. Where in the order of events does the DTI testing by Dr. Filler come in --
A. So --
Q. -- for Ashley?
A. For Ashley Moreaux (reviewing), the DTI is advanced brain imaging that is done for the patient as part of the work-up. So, you know, it depends. She is coming from out of town, so she got the neuropsychological battery done, she got the DTI done, and then she also got the initial comprehensive evaluation.
Q. Okay. But the DTI was done on the same trip as the neuropsych testing?
A. Yes.
Q. Okay. Did you have the results of that when you wrote the Initial Comprehensive Evaluation, Exhibit 4, or the Exhibit 6, Future Medical Report?
A. No. I did not have that at that

time.

Q. Okay.

MR. VERLANDER:

All right. It's 2:00 p.m., so I guess we've hit our stop point for today. We will adjourn the deposition.

I'm going to work with your counsel, Michael, to -- and with plaintiff's counsel, of course, to find a date to reschedule to complete it. Just be aware that our trial date is the middle of April, so we're going to have to find somewhere to squeeze it is. And it will be roughly three hours that we have left, maybe a little bit more with breaks, but roughly three hours to complete it. So just keep that in mind when we're trying to find a window here with Michael.

THE DEPONENT:

Okay. Thank you very much. Thank you all.

MR. VERLANDER:

Thank you for your time and patience.

Is there anything else before we go off the record?

MR. BICE:

This is Jay Bice. Thank you, Dr. Haider.

Michael, pleasure to meet you.

(Whereupon, the deposition was concluded.)

W I T N E S S' C E R T I F I C A T E

I read or have had the foregoing testimony read to me and hereby certify that it is a true and correct transcription of my testimony, with the exception of any attached corrections or changes.

_____

HUMA HAIDER, M.D.

_____

DATE

(Check One)

( ) NO CORRECTIONS

( ) CORRECTIONS; ERRATA SHEET(S) ENCLOSED

REPORTER'S PAGE

I, MICHELLE COSSÉ, Certified Court Reporter in and for the State of Louisiana, the officer, as defined in Rule 28 of the Federal Rules of Civil Procedure and/or Article 1435 (B) of the Louisiana Code of Civil Procedure, before whom this sworn testimony was taken, do hereby state, on the record;

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I, MICHELLE COSSÉ, Certified Court Reporter, in and for the State of Louisiana, as the officer before whom this testimony was taken, do hereby certify that HUMA HAIDER, M.D., after having been duly sworn by me upon authority of R.S. 37:2554, did testify as hereinbefore set forth in the foregoing 173 pages;

That this testimony was reported by me in the stenotype reporting method, was prepared and transcribed by me or under my personal direction and supervision, and is a true and correct transcript to the best of my ability and understanding;

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